

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004315

**FILED**  
**Mar 28, 2016**  
**Secretary of State**  
**CC9395167998**

**Entity Name:** VULCAN PERSONAL SERVICES INC.

**Current Principal Place of Business:**

505 FIFTH AVENUE SOUTH, SUITE 900  
SEATTLE, WA 98104

**Current Mailing Address:**

505 FIFTH AVENUE SOUTH, SUITE 900  
SEATTLE, WA 98104

**FEI Number:** 20-0411646

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ALLEN, JO LYNN  
Address        505 FIFTH AVENUE SOUTH, SUITE  
                  900  
City-State-Zip: SEATTLE WA 98104

Title            VP  
Name            DRAKE, SUSAN  
Address        505 FIFTH AVENUE SOUTH, SUITE  
                  900  
City-State-Zip: SEATTLE WA 98104

Title            AS  
Name            ISRAEL, ALLEN  
Address        1111 THIRD AVE., STE 3400  
City-State-Zip: SEATTLE WA 98101

Title            SECRETARY  
Name            STEWART, DAVID  
Address        505 FIFTH AVENUE SOUTH, SUITE  
                  900  
City-State-Zip: SEATTLE WA 98104

Title            VP  
Name            STEWART, DAVID  
Address        505 FIFTH AVENUE SOUTH, SUITE  
                  900  
City-State-Zip: SEATTLE WA 98104

Title            VP  
Name            BENNETT, BARBARA J.  
Address        505 FIFTH AVENUE SOUTH, SUITE  
                  900  
City-State-Zip: SEATTLE WA 98104

Title            DIRECTOR  
Name            ALLEN, JO LYNN  
Address        505 FIFTH AVENUE SOUTH, SUITE  
                  900  
City-State-Zip: SEATTLE WA 98104

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUSAN DRAKE

**VICE PRESIDENT**

**03/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date