

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000002899

Entity Name: COSTCO WHOLESALE CORPORATION

Current Principal Place of Business:

999 LAKE DR
ISSAQUAH, WA 98027

Current Mailing Address:

PO BOX 35005
SEATTLE, WA 98124-3405 US

FEI Number: 91-1223280

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 DIRECTOR
Name JAMES, HAMILTON
Address 1001 PARK AVE
City-State-Zip: NEW YORK NY 10028

Title CEO, DIRECTOR, PRESIDENT
Name VACHRIS, ROLAND (RON)
Address 999 LAKE DR
City-State-Zip: ISSAQUAH WA 98027

Title DIRECTOR
Name JELINEK, WALTER
Address 999 LAKE DR
City-State-Zip: ISSAQUAH WA 98027

Title CFO, DIRECTOR, EVP
Name GALANTI, RICHARD
Address 999 LAKE DR
City-State-Zip: ISSAQUAH WA 98027

Title SECRETARY, EVP
Name SULLIVAN, JOHN
Address 999 LAKE DR
City-State-Zip: ISSAQUAH WA 98027

Title VP, TREASURER
Name ELLIOTT, JEFFREY
Address 999 LAKE DR
City-State-Zip: ISSAQUAH WA 98027

Title EVP, ASST. SECRETARY
Name CALLANS, PATRICK
Address 999 LAKE DR
City-State-Zip: ISSAQUAH WA 98027

Title AVP, ASST. SECRETARY
Name MCCULLA, MARGARET
Address 45940 HORSESHOE DR
SUITE 150
City-State-Zip: STERLING VA 20166

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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: GAIL E. TSUBOI

ASSISTANT SECRETARY

01/08/2024

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title VP, ASST. SECRETARY
Name TSUBOI, GAIL
Address 999 LAKE DR
City-State-Zip: ISSAQUAH WA 98027

Title DIRECTOR
Name DENMAN, KENNETH
Address 50 CHERRY HILLS FARM DR
City-State-Zip: ENGLEWOOD CO 80113

Title DIRECTOR
Name RAIKES, JEFFREY S
Address 3355 E LAURELHURST DR NE
City-State-Zip: SEATTLE WA 98105

Title DIRECTOR
Name WILDEROTTER, MAGGIE
Address 1030 SKYLAND DRIVE
City-State-Zip: ZEPHYR COVE NV 89448

Title DIRECTOR
Name FOULKES, HELENA B.
Address 20 COOKE STREET
City-State-Zip: PROVIDENCE RI 02906

Title DIRECTOR
Name DECKER, SUSAN
Address 999 LAKE DR
City-State-Zip: ISSAQUAH WA 98027

Title DIRECTOR
Name JEWELL, SARAH M.R.
Address 999 LAKE DRIVE
City-State-Zip: ISSAQUAH WA 98027

Title DIRECTOR
Name STANTON, JOHN
Address 7733 OVERLAKE DRIVE WEST
City-State-Zip: MEDINA WA 98039

Title ASST. SECRETARY
Name SWEARINGEN, GARY
Address 999 LAKE DR
City-State-Zip: ISSAQUAH WA 98027