

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000001191

Entity Name: TANGO CARD, INC.

**Current Principal Place of Business:**

4700 42ND AVE SW  
SUITE 430A  
SEATTLE, WA 98116

**FILED**  
**May 29, 2020**  
**Secretary of State**  
**2254290110CC**

**Current Mailing Address:**

4700 42ND AVE SW  
SUITE 430A  
SEATTLE, WA 98116 US

**FEI Number: 26-4169114**

**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 RIEGELSBERGER, KEVIN  
Address 4700 42ND AVE SW  
SUITE 430A  
City-State-Zip: SEATTLE WA 98116

Title DIRECTOR  
Name ANDERSON, ROBERT  
Address 4700 42ND AVE SW  
SUITE 430A  
City-State-Zip: SEATTLE WA 98116

Title DIRECTOR  
Name WINSHIP, CHRIS  
Address 4700 42ND AVE SW  
SUITE 430A  
City-State-Zip: SEATTLE WA 98116

Title DIRECTOR  
Name MAPLES, JULIE  
Address 4700 42ND AVE SW  
SUITE 430A  
City-State-Zip: SEATTLE WA 98116

Title DIRECTOR  
Name LEEDS, DAVID  
Address 4700 42ND AVE SW  
SUITE 430A  
City-State-Zip: SEATTLE WA 98116

Title CHAIRMAN OF THE BOARD  
Name LEEDS, DAVID  
Address 4700 42ND AVE SW  
SUITE 430A  
City-State-Zip: SEATTLE WA 98116

Title SECRETARY  
Name LIBBEY, CHASE  
Address 4700 42ND AVE SW  
SUITE 430A  
City-State-Zip: SEATTLE WA 98116

Title TREASURER/CFO  
Name CASANAS, CARRIE  
Address 4700 42ND AVE SW  
SUITE 430A  
City-State-Zip: SEATTLE WA 98116

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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: DAVID LEEDS

PRESIDENT/CEO

05/29/2020

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT/CEO  
Name            LEEDS, DAVID  
Address        4700 42ND AVE SW  
                 SUITE 430A  
City-State-Zip: SEATTLE WA 98116