

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14754

Entity Name: COSTCO WHOLESALE CORPORATION**Current Principal Place of Business:**999 LAKE DRIVE
ISSAQUAH, WA 98027**Current Mailing Address:**P.O. BOX 35005
ATTN: LICENSING DEPT.
SEATTLE, WA 98124**FEI Number:** 91-1223280**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. 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 VPAS
Name OLIN, RICHARD J
Address 999 LAKE DR
City-State-Zip: ISSAQUAH WA 98027

Title SVPS
Name BENOLIEL, JOEL
Address 999 LAKE DR
City-State-Zip: ISSAQUAH WA 98027

Title SVP
Name PETTERSON, DAVID S
Address 999 LAKE DRIVE
City-State-Zip: ISSAQUAH WA 98027

Title VP/TREASURER
Name KAPLAN, HAROLD E
Address 999 LAKE DRIVE
City-State-Zip: ISSAQUAH WA 98027

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

Title EVC
Name GALANTI, RICHARD ACFO
Address 999 LAKE DRIVE
City-State-Zip: ISSAQUAH WA 98027

Title ASSISTANT SECRETARY
Name TSUBOI, GAIL E
Address 999 LAKE DRIVE
City-State-Zip: ISSAQUAH WA 98027

Title VP/ASSISTANT SECRETARY
Name CALLANS, PATRICK J
Address 999 LAKE DRIVE
City-State-Zip: ISSAQUAH WA 98027

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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 01/24/2013

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP/ASSISTANT SECRETARY
Name MINOLA, JOHN M
Address 999 LAKE DRIVE
City-State-Zip: ISSAQUAH WA 98027

Title ASSISTANT SECRETARY
Name MCCULLA, MARGARET C
Address 45940 HORSESHOE DRIVE, SUITE 150
City-State-Zip: STERLING VA 20166

Title VP/ASSISTANT SECRETARY
Name SULLIVAN, JOHN C
Address 999 LAKE DRIVE
City-State-Zip: ISSAQUAH WA 98027