

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90367 030 ***150.00

DOCUMENT # 812712

1. Entity Name
AUTONETICS, INC.

Principal Place of Business Mailing Address
7755 E MARGINAL WAY SO. **PO BOX 3707: M/S 1F-09**
SEATTLE WA 98108 **SEATTLE WA 98124-2207**
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **95-2417477** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ZRUST, JAMES H	
STREET ADDRESS	7755 E MARGINAL WAY SO.	
CITY-ST-ZIP	SEATTLE WA 98108	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, JAMES C	
STREET ADDRESS	7755 E MARGINAL WAY SO.	
CITY-ST-ZIP	SEATTLE WA 98108	
TITLE	T	<input type="checkbox"/> Delete
NAME	FROST, MARK J	
STREET ADDRESS	7755 E MARGINAL WAY SO.	
CITY-ST-ZIP	SEATTLE WA 98108	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KATHRYN A BROWN	
STREET ADDRESS	7755 E MARGINAL WAY SO.	
CITY-ST-ZIP	SEATTLE WA 98108	
TITLE	AS	<input type="checkbox"/> Delete
NAME	RICHARD L SARTOR	
STREET ADDRESS	7755 E MARGINAL WAY SO.	
CITY-ST-ZIP	SEATTLE WA 98108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. PAUL KINSCHERFF	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. L. SARTOR R. L. Sartor 5/1/01 **(206) 655-3907**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)