# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 11:43

DOCUMENT # **816853** **(6)**

1. Corporation Name

**THE WEALDEN COMPANY**

| Principal Place of Business | Mailing Address |
|---|---|
| 12168 SE 17 PL<br>BELLEVUE WA 98005 | 12168 SE 17 PL<br>BELLEVUE WA 98005 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/19/1963**
3a. Date of Last Report: **02/23/1994**

2. Principal Place of Business (21) — Suite Apt # etc (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite Apt # etc (27) — City & State (28) — Zip (29) — Country (30)

4. FEI Number: **51-0099612** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**
**1200 S. PINE ISLAND ROAD**
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | VDS | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | MINNICH, MARGARET W | 12 NAME | | |
| STREET ADDRESS | 554 LONE OAK DRIVE | 13 STREET ADDRESS | | |
| CITY ST ZIP | THOUSAND OAKS CA | 14 CITY ST ZIP | | |
| TITLE | PD | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | WHARTON, J B III | 22 NAME | | |
| STREET ADDRESS | 12168 S.E. 17TH PLACE | 23 STREET ADDRESS | | |
| CITY ST ZIP | BELLEVUE, WA 0 | 24 CITY ST ZIP | | |
| TITLE | T | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | WHARTON, MARTHA W | 32 NAME | | |
| STREET ADDRESS | 12168 SE 17TH PLACE | 33 STREET ADDRESS | | |
| CITY ST ZIP | BELLEVUE, WA 0 | 34 CITY ST ZIP | | |
| TITLE | VD | 41 TITLE | D | ☒ Change ☐ Addition |
| NAME | WHARTON, WILLIAM R | 42 NAME | WHARTON, KENNETH B | |
| STREET ADDRESS | 633 W HAWTHORNE BLVD | 43 STREET ADDRESS | 633 W HAWTHORNE BLVD | |
| CITY ST ZIP | WHEATON IL | 44 CITY ST ZIP | WHEATON, IL | |
| TITLE | D | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | PETTITT, DAVID J. | 52 NAME | | |
| STREET ADDRESS | 6199 N 20TH STREET | 53 STREET ADDRESS | | |
| CITY ST ZIP | PHOENIX AZ | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | D | ☐ Change ☒ Addition |
| NAME | | 62 NAME | MINNICH, RICHARD T. | |
| STREET ADDRESS | | 63 STREET ADDRESS | 554 LONE OAK DRIVE | |
| CITY ST ZIP | | 64 CITY ST ZIP | THOUSAND OAKS, CA | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

**SIGNATURE:** Joseph B. Wharton III
JOSEPH B WHARTON III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/95
Date

(206) 746-5448
Daytime Phone #

0482144 FP