

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 816853 (6)
1. Corporation Name
THE WEALDEN COMPANY



Principal Place of Business
12168 SE 17 PL
BELLEVUE WA 98005

Mailing Address
12168 SE 17 PL
BELLEVUE WA 98005-4805

2. Principal Place of Business 21 2605 82ND AVE Suite, Apt. #, etc.		2a. Mailing Address 26 2605 82ND AVE. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/19/1963	3a. Date of Last Report 02/26/1996
22 City & State 23 VERO BEACH, FL Zip 24 32961		27 City & State 28 VERO BEACH, FL Zip 29 32961		4. FEI Number 51-0099612	Applied For Not Applicable
25 INDIAN RIVER		30 INDIAN RIVER		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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.		81 Name		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDS	1.1 TITLE	D
NAME	MINNICH, MARGARET W	1.2 NAME	MINNICH, MARGARET W
STREET ADDRESS	554 LONE OAK DRIVE	1.3 STREET ADDRESS	554 LONE OAK DRIVE
CITY-ST-ZIP	THOUSAND OAKS CA	1.4 CITY-ST-ZIP	THOUSAND OAKS, CA
TITLE	PD	2.1 TITLE	S/T/D
NAME	WHARTON, J B III	2.2 NAME	JEAN W. PETTITT
STREET ADDRESS	12168 S.E. 17TH PLACE	2.3 STREET ADDRESS	6199 N. 20TH STREET
CITY-ST-ZIP	BELLEVUE, WA 0	2.4 CITY-ST-ZIP	PHOENIX, AZ
TITLE	T	3.1 TITLE	
NAME	WHARTON, MARTHA W	3.2 NAME	
STREET ADDRESS	12168 SE 17TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE, WA 0	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	V/D
NAME	WHARTON, KENNETH B	4.2 NAME	WHARTON, KENNETH B.
STREET ADDRESS	2610 HILLEGASS AVENUE, #204	4.3 STREET ADDRESS	2610 HILLEGASS AVENUE, #204
CITY-ST-ZIP	BERKELEY CA	4.4 CITY-ST-ZIP	BERKELEY
TITLE	D	5.1 TITLE	
NAME	PETTITT, DAVID J.	5.2 NAME	
STREET ADDRESS	6199 N 20TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	P/D
NAME	MINNICH, RICHARD T.	6.2 NAME	MINNICH, RICHARD T.
STREET ADDRESS	554 LONE OAK DR	6.3 STREET ADDRESS	554 LONE OAK DR.
CITY-ST-ZIP	THOUSAND OAKS CA	6.4 CITY-ST-ZIP	THOUSAND OAKS, CA

14. I do 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 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or both in attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/97 805.373.1866

0609176

CR2E034 (9/96)