

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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90080 021 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 829457

1. Corporation Name  
**ERSHIGS, INC.**



Principal Place of Business  
 742 MARINE DRIVE  
 BELLINGHAM WA 98227-1707

Mailing Address  
 PO BOX 1707  
 BELLINGHAM WA 98227-1707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 02/06/1973

4. FEI Number  
 91-0655652

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 owes the current year Intangible Personal Property Tax.  Yes  No

21. Principal Place of Business  
 Suite, Apt. #, etc.

2a. Mailing Address  
 1360 Post Oak Blvd.

22. City & State

27. Suite, Apt. #, etc.  
 Suite 2250

23. Zip Country

28. City & State  
 Houston TX

24. Zip Country

29. Zip Country  
 77056

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW, KEVIN R	1.2 NAME	MARVIN Pulst
STREET ADDRESS	1360 POST OAK BLVD. #2470	1.3 STREET ADDRESS	1360 Post Oak Blvd. St. 2250
CITY-ST-ZIP	HOUSTON TX 77056	1.4 CITY-ST-ZIP	Houston, Tx 77056
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer ICFD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, MEL S	2.2 NAME	Tirothy maynard
STREET ADDRESS	1360 POST OAK BLVD. #2470	2.3 STREET ADDRESS	1360 Post Oak Blvd. St. 2250
CITY-ST-ZIP	HOUSTON TX 77056	2.4 CITY-ST-ZIP	HOUSTON TX 77056
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Asst. Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CATHY L	3.2 NAME	Brain Phelps
STREET ADDRESS	2078 PROSPECTOR AVE.	3.3 STREET ADDRESS	1360 Post Oak Blvd. St. 2250
CITY-ST-ZIP	PARK CITY UT 84060	3.4 CITY-ST-ZIP	Houston Tx. 77056
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARCROW, STEPHEN T	4.2 NAME	
STREET ADDRESS	1360 POST OAK BLVD. #2470	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77056	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMICK, JANICE C	5.2 NAME	
STREET ADDRESS	1360 POST OAK BLVD. #2470	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77056	5.4 CITY-ST-ZIP	
TITLE	TCFO <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, KEVIN R	6.2 NAME	
STREET ADDRESS	1360 POST OAK BLVD. #2470	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77056	6.4 CITY-ST-ZIP	

14. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janice C. McCormick  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 (713) 627-0933  
 Date Daytime Phone #

CR2E034 (11/98)