

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90037 044 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 837186
 1. Corporation Name
INTERPACIFIC INVESTORS SERVICES, INC.



Principal Place of Business
 2623 SECOND AVE
 SEATTLE WA 98121-1294
 US

Mailing Address
 2623 SECOND AVE
 SEATTLE WA 98121-1294
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 2623 Second Ave
 Suite, Apt. #, etc.
 22
 City & State
 23 Seattle, WA
 Zip Country
 24 98121-1294 25 USA

2a. Mailing Address
 26 2623 Second Ave
 Suite, Apt. #, etc.
 27
 City & State
 28 Seattle, WA
 Zip Country
 29 98121-1294 30 USA

3. Date Incorporated or Qualified
10/13/1976

4. FEI Number
91-0853082

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

9. Name and Address of Current Registered Agent
BUSINESS FILINGS INCORPORATED
1188 OCEAN SHORE BLVD.
SUITE 195
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	LUNDGREN, GARY	
STREET ADDRESS	8236 SE 30TH	
CITY-ST-ZIP	MERCER ISLAND WA	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CLOSE, ALLYN D.	
STREET ADDRESS	1665 185TH AVE NE	
CITY-ST-ZIP	BELLEVUE WA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BONHAM, CAROL A.	
STREET ADDRESS	11702 SE 65TH ST.	
CITY-ST-ZIP	BELLEVUE WA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lundgren, Gary	
1.3 STREET ADDRESS	2621 Second Ave #1605	
1.4 CITY-ST-ZIP	Seattle, WA 98121	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ellison, Mona L.	
4.3 STREET ADDRESS	15704 3rd Ave SE	
4.4 CITY-ST-ZIP	Bothell, WA 98012	
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kline, Brian R.	
5.3 STREET ADDRESS	7547 20th Ave SW	
5.4 CITY-ST-ZIP	Seattle, WA 98106	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Gary Lundgren 1/8/99 206-269-5050
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)