

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 837186

1. Entity Name

INTERPACIFIC INVESTORS SERVICES, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90025 028 ***150.00

Principal Place of Business

Mailing Address

2623 SECOND AVE
 SEATTLE WA 98121-1294
 US

2623 SECOND AVE
 SEATTLE WA 98121-1211
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

91-0853082

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSINESS FILINGS INCORPORATED
1186 OCEAN SHORE BLVD.
SUITE 195
ORMOND BEACH FL 32176

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input type="checkbox"/> Delete
NAME	LUNDGREN, GARY	
STREET ADDRESS	2621 SECOND AVE # 1605	
CITY-ST-ZIP	SEATTLE WA 38121	
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	VP	<input type="checkbox"/> Delete
NAME	ELLISON, MONA L	
STREET ADDRESS	15704 3RD AVE SE	
CITY-ST-ZIP	BOTHELL WA 98012	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KLINE, BRAIN R	
STREET ADDRESS	7547 20TH AVE SW	
CITY-ST-ZIP	SEATTLE WA 38106	
TITLE		<input type="checkbox"/> Delete
NAME		
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Mona Ellison*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mona L. Ellison 4/28/00

Date

206-269-5050

Daytime Phone #

CR2E034 (9/93)