

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **856865** (1)  
1. Corporation Name  
**ATL WASHINGTON, INC.**



Principal Place of Business: **22100 BOTHELL EVERETT HWY BOTHELL WA 98021 US**  
Mailing Address: **PO BOX 3003 BOTHELL WA 98041-3003 US**

2. Principal Place of Business (21) State, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) State, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **06/22/1983**  
3a. Date of Last Report: **04/06/1995**  
4. FET Number: **91-0895332** 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  
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 607.0507 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
OFFICER OR DIRECTOR OF CORPORATION OR REGISTERED AGENT (IF REGISTERED AGENT SIGNATURE REQUIRED) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: <b>PEROZEK, DAVID M</b>	<input checked="" type="checkbox"/> DELETE	13.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: <b>22100 EVERETT-HWY BOTHELL WA</b>		13.2 NAME: _____	
12.3 CITY-STATE-ZIP: _____		13.3 STREET ADDRESS: _____	
12.4 TITLE: <b>VTD</b>	<input type="checkbox"/> DELETE	13.4 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME: <b>GILLIS, HARVEY</b>		13.5 TITLE: _____	
12.6 STREET ADDRESS: <b>22100 BOTHELL EVERETT HWY BOTHELL WA</b>		13.6 NAME: _____	
12.7 CITY-STATE-ZIP: _____		13.7 STREET ADDRESS: _____	
12.8 TITLE: <b>VSD</b>	<input type="checkbox"/> DELETE	13.8 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME: <b>YORKS, W BRINTON</b>		13.9 TITLE: _____	
12.10 STREET ADDRESS: <b>22100 OTHELL EVERETT HWY BOTHELL WA</b>		13.10 NAME: _____	
12.11 CITY-STATE-ZIP: _____		13.11 STREET ADDRESS: _____	
12.12 TITLE: <b>D</b>	<input type="checkbox"/> DELETE	13.12 CITY-STATE-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME: <b>FILL, DENNIS C</b>		13.13 TITLE: _____	
12.14 STREET ADDRESS: <b>22100 BOTHELL EVERETT HWY BOTHELL WA</b>		13.14 NAME: _____	
12.15 CITY-STATE-ZIP: _____		13.15 STREET ADDRESS: _____	
12.16 TITLE: <b>AT</b>	<input type="checkbox"/> DELETE	13.16 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 NAME: <b>DAY, TRACY</b>		13.17 TITLE: _____	
12.18 STREET ADDRESS: <b>22100 BOTHELL EVERETT HWY BOTHELL WA</b>		13.18 NAME: _____	
12.19 CITY-STATE-ZIP: _____		13.19 STREET ADDRESS: _____	
12.20 TITLE: <b>V</b>	<input type="checkbox"/> DELETE	13.20 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.21 NAME: <b>BLEM, DONALD</b>		13.21 TITLE: _____	
12.22 STREET ADDRESS: <b>22100 EVERETT-HWY BOTHELL WA</b>		13.22 NAME: _____	
12.23 CITY-STATE-ZIP: _____		13.23 STREET ADDRESS: _____	
12.24 TITLE: _____		13.24 CITY-STATE-ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME: _____	
13.3 STREET ADDRESS: _____	
13.4 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE: _____	
13.6 NAME: _____	
13.7 STREET ADDRESS: _____	
13.8 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE: _____	
13.10 NAME: _____	
13.11 STREET ADDRESS: _____	
13.12 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE: _____	
13.14 NAME: _____	
13.15 STREET ADDRESS: _____	
13.16 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17 TITLE: _____	
13.18 NAME: _____	
13.19 STREET ADDRESS: _____	
13.20 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.21 TITLE: _____	
13.22 NAME: _____	
13.23 STREET ADDRESS: _____	
13.24 CITY-STATE-ZIP: _____	

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)(a), 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.

SIGNATURE: *Tracy Day*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 (206)487-8184  
DATE OF FILING

CR2E034 (12/95)