

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002616

1. Entity Name

AVENTAIL CORPORATION

Principal Place of Business

808 HOWELL STREET, 2ND FLOOR
SEATTLE WA 98101

Mailing Address

808 HOWELL STREET, 2ND FLOOR
SEATTLE WA 98101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

77-0423686

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	PSCD	<input type="checkbox"/> Delete
NAME	KAPLAN, EVAN	
STREET ADDRESS	2266 N.E. 63RD	
CITY-ST-ZIP	SEATTLE WA 98115	

TITLE	T	<input type="checkbox"/> Delete
NAME	KAPLAN, EVAN	
STREET ADDRESS	2266 N.E. 63RD	
CITY-ST-ZIP	SEATTLE WA 98115	

TITLE	VD	<input type="checkbox"/> Delete
NAME	HOPER, CHRIS	
STREET ADDRESS	19805 15TH AVE. N.E.	
CITY-ST-ZIP	SHORELINE WA 98177	

TITLE	D	<input type="checkbox"/> Delete
NAME	LYNCH, DANIEL	
STREET ADDRESS	2560 LA LANE COURT	
CITY-ST-ZIP	LOS ANGELES CA 94022	

TITLE	D	<input type="checkbox"/> Delete
NAME	POOL, DAVID	
STREET ADDRESS	230 OVERLAKE DRIVE EAST	
CITY-ST-ZIP	BELLEVUE WA 98004	

TITLE	VPC	<input checked="" type="checkbox"/> Delete
NAME	ROLING, CHRIS	
STREET ADDRESS	5401 NE 85TH ST.	
CITY-ST-ZIP	SEATTLE WA 98115	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900005463299--8	
STREET ADDRESS	-05/06/02--01080--034	
CITY-ST-ZIP	****150.00 ****150.00	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hopen, Chris	
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		

TITLE	Vice President, Counsel	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Freeland, Jeremy	
STREET ADDRESS	7313 3rd Ave NW	
CITY-ST-ZIP	Seattle, WA 98117	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/02

(206) 215-1562

FILED

02 APR 22 PM 4:17

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE