

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90016 030 ***150.00

DOCUMENT # F00000006151

1. Entity Name
SPARLING, INC.



Principal Place of Business
**720 OLIVE WAY, SUITE 1400
SEATTLE, WA 98101**

Mailing Address
**720 OLIVE WAY, SUITE 1400
SEATTLE, WA 98101**

DO NOT WRITE IN THIS SPACE



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number
91-0817903

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**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	DUNCAN, JAMES R P.E.
STREET ADDRESS	720 OLIVE WAY, SUITE 1400
CITY-ST-ZIP	SEATTLE, WA 98101
TITLE	VSD
NAME	LEONIDAS, THOMAS A JR., PE
STREET ADDRESS	720 OLIVE WAY, SUITE 1400
CITY-ST-ZIP	SEATTLE, WA 98101
TITLE	PD
NAME	OVERTON, ERIC T
STREET ADDRESS	720 OLIVE WAY, SUITE 1400
CITY-ST-ZIP	SEATTLE, WA 98101
TITLE	VD
NAME	BERGER, ARNE R
STREET ADDRESS	720 OLIVE WAY, SUITE 1400
CITY-ST-ZIP	SEATTLE, WA 98101
TITLE	D
NAME	BENEZET, JULIE
STREET ADDRESS	720 OLIVE WAY, SUITE 1400
CITY-ST-ZIP	SEATTLE, WA 98101
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 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

1/24/05

Date

206-224-3611

Daytime Phone #