


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90061 026 ***158.75

DOCUMENT # F01000000237			
1. Entity Name SEAFAR INSURANCE AGENCY CORP.			
Principal Place of Business 17861 VONKARMAN AVE. IRVINE, CA 92614		Mailing Address 1201 3 AVE, WMT1706 SEATTLE, WA 98101	
2. Principal Place of Business 17861 Von Karman Ave.		3. Mailing Address 1201 3rd Ave., WMT1706	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Irvine, CA		City & State Seattle, WA 98101	
Zip 92614	Country US	Zip 98101	Country US
4. FEI Number 05-0505511		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FORMATO, CARL A 17861 VON KARMAN AVE BLDG C IRVINE, CA 92614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Carl A. Formato 17861 Von Karman Ave., Bldg. E Irvine, CA 92614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHURCHILL, RANDY J 999 3 AVE FIS1520 SEATTLE, WA 98101 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Michelle L. Coe 999 3rd Ave., FIS1520 Seattle, WA 98101 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRISON, LESLIE A 17901 VON KARMAN AVE 5 FLOOR IRVINE, CA 92614 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, ROBERT B 17875 VON KARMAN 2 FLOOR IRVINE, CA 92615 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Karen L. Mele 17861 Von Karman Ave., Bldg. E Irvine, CA 92614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, CRAIG S 1201 3 AVE WMT1601 SEATTLE, WA 98101 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael J. Kula 1201 3rd Ave., WMT1601 Seattle, WA 98101 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KITNER, MARC R 1201 3RD AVE WMT1706 SEATTLE, WA 98101 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles M. Sledd 1201 3rd Ave., WMT1706 Seattle, WA 98101 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Joan I. Olds</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/19/04</u> (206) 461-8998 Daytime Phone #	

94067473



04142004 Chg-P CR2E034 (10/03)

Attachment

Entity Name:

Seafair Insurance Agency Corp.

Document #:

F01000000237

Attachment to Florida
Uniform Business Report

Section 11.

Additional Officer:

Joan I. Olds
Assistant Secretary
1201 3rd Ave., WMT1706
Seattle, WA 98101