


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90563 013 \*\*\*158.75

<b>DOCUMENT # F01000000237</b> 1. Entity Name <b>SEAFAIR INSURANCE AGENCY CORP.</b>					
Principal Place of Business <b>17861 VONKARMAN AVE. IRVINE, CA 92614</b>			Mailing Address <b>1201 3 AVE, WMT1706 SEATTLE, WA 98101</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04062005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>05-0505511</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	<b>PD FORMATO, CARL A 17861 VON KARMAN AVE., BLDG. E IRVINE, CA 92614</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V COE, MICHELLE L 999 3RD AVE., FIS1520 SEATTLE, WA 98101</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HARRISON, LESLIE A 17901 VON KARMAN AVE 5 FLOOR IRVINE, CA 92614</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MELE, KAREN 17861 VON KARMAN AVE., BLDG. E IRVINE, CA 92614</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KULA, MICHAEL J 1201 3RD AVE., WMT1706 SEATTLE, WA 98101</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SLEDD, CHARLES M 1201 3RD AVE., WMT1706 SEATTLE, WA 98101</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Hanson, Laurie K. 999 3rd Ave., FIS1520 Seattle, WA 98101</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Holbrook, Cynthia K. 1201 3rd Ave., WMT1706 Seattle, WA 98101</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Fruit, William K. 75 N. Fairway Dr. Vernon Hills, IL 60061</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV Smith-Ely, Jill K. 17861 Von Karmann Ave., Bldg. E Irvine, CA 92614</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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)(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: _____		_____ <b>Joan I. Olds</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/12/05    206-461-8998 <small>Date    Daytime Phone #</small>	

# ATTACHMENT 20036238

Corporation Name:  
Document Number:

Seafair Insurance Agency Corp.  
F01000000237

Attachment to Florida  
Annual Report

Block 11 Additional Officers:

Robert H. Miles  
*Senior Vice President*  
1201 3<sup>rd</sup> Ave., WMT1501  
Seattle, WA 98101

Leslie A. Harrison  
*First Vice President, Assistant Secretary*  
17901 Von Karman Ave., 5<sup>th</sup> Flr.  
Irvine, CA 92614

Joan I. Olds  
*Assistant Secretary*  
1201 3<sup>rd</sup> Ave., WMT1706  
Seattle, WA 98101