


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90145 036 \*\*\*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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>05-0505511</b>	
5. Certificate of Status Desired				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent 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)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORMATO, CARL A 17861 VON KARMAN AVE., BLDG. E IRVINE, CA 92614	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HANSON, LAURIE K. 999 3RD AVE., FIS1520 SEATTLE, WA 98101	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLBROOK, CYNTHIA K. 1201 3RD AVE., WMT1706 SEATTLE, WA 98101	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRUIT, WILLIAM K. 75 N. FAIRWAY DR. VERNON HILLS, IL 60061	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ELY-SMITH, JILL K. 17861 VON KARMAN AVE., BLDG. E IRVINE, CA 92614	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLEDD, CHARLES M 1201 3RD AVE., WMT1706 SEATTLE, WA 98101	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	First VP Hanson, Laurie K. 999 3rd Ave., FIS1520 Seattle, WA 98104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T Anderson, Curtis B. 75 N. Fairway Dr. Vernon Hills, IL 60061	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	First VP/D Smith-Ely, Jill K. 17861 Von Karman Ave., Bldg. E Irvine, CA 92614	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	First VP/D Smith-Ely, Jill K. 17861 Von Karman Ave., Bldg. E Irvine, CA 92614	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Joan I. Olds</i>		<b>JOAN I. OLDS</b>		4/19/06 (206) 461-8998	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT

40068015

**Washington Mutual**

Legal Department  
1201 3<sup>rd</sup> Ave., WMT1706  
Seattle, WA 98101

(206) 461-8998  
fax (206) 554-2790

April 26, 2006



Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

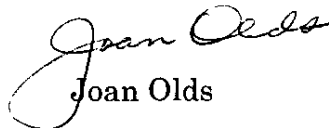
Re: Seafair Insurance Agency, Inc.  
Document # F01000000237

Dear Sir or Madam:

Enclosed for filing is the completed annual report for the above-referenced corporation. Check number 844381122 in the amount of \$158.75 is also enclosed for the filing fee and to obtain a certificate of status.

Please return the certificate to the attention of Joan Olds, Washington Mutual Bank, 1201 3<sup>rd</sup> Ave., WMT1706, Seattle, WA 98101. If you have any questions or need further information, please feel free to call me at (206) 461-8998. Thank you for your attention to this matter.

Sincerely,

  
Joan Olds

Enclosures



ATTACHMENT

40068015

Entity Name:  
Document #:

Seafair Insurance Agency Corp.  
F01000000237

Attachment to Florida  
Annual Report

Block 10. Additional Officers:

Leslie A. Harrison  
*First Vice President, Assistant Secretary*  
17875 Von Karman Ave., Ste. 300  
Irvine, CA 92614

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