

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90242 028 ***150.00

DOCUMENT # F01000002734

1. Entity Name
COMMONWEALTH INSURANCE COMPANY OF AMERICA



Principal Place of Business
**1700 SEVENTH AVE
STE 1850
SEATTLE, WA 98101-1397**

Mailing Address
**PO BOX 34069
SEATTLE, WA 98124**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262004

Chg-P

CR2E034 (10/03)

4. FEI Number
91-1673817

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> Delete
NAME	SCHWAB, RONALD G	
STREET ADDRESS	595 BURRARD STREET, SUITE 1500	
CITY-ST-ZIP	VANCOUVER BC CANADA,	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HURFORD, CRAIG A	
STREET ADDRESS	595 BURRARD STREET, SUITE 1500	
CITY-ST-ZIP	VANCOUVER BC CANADA,	
TITLE	S	<input type="checkbox"/> Delete
NAME	PARRY, DONALD M	
STREET ADDRESS	595 BURRARD STREET, SUITE 1500	
CITY-ST-ZIP	VANCOUVER BC CANADA,	
TITLE	T	<input type="checkbox"/> Delete
NAME	PHILLIPS, NOEL E	
STREET ADDRESS	595 BURRARD STREET, SUITE 1500	
CITY-ST-ZIP	VANCOUVER BC CANADA,	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETTS, WINSLOW W	
STREET ADDRESS	505 BURRARD STREET, SUITE 1880	
CITY-ST-ZIP	VANCOUVER BC CANADA,	
TITLE	VC	<input type="checkbox"/> Delete
NAME	HUNTER, EDWARD	
STREET ADDRESS	601 UNION STREET, SUITE 3201	
CITY-ST-ZIP	SEATTLE, WA 98101	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, Thomas E	
STREET ADDRESS	595 Burrard Street, Suite 1500	
CITY-ST-ZIP	Vancouver, BC Canada	
TITLE	TV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Noel Phillips E	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hunter, Edward P	
STREET ADDRESS	1700 Seventh Ave, Suite 1850	
CITY-ST-ZIP	Seattle, WA 98101-1397	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Donald Parry

April 26, 2004

Date

Daytime Phone #

(604) 683-5511