

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F01000003725

1. Entity Name
PERFORMANCE POLYMERS, INC.



FILED

03 AUG 15 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
803R LANCASTER STREET
LEOMINSTER MA 01453

Mailing Address
803R LANCASTER STREET
LEOMINSTER MA 01453

2. Principal Place of Business
6100 Carillon Point
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 34325
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Kirkland, WA
Zip
98033
Country
USA

City & State
Seattle, WA
Zip
98124
Country
USA

4. FEI Number 04-3033775

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1300 South Pine Island Road
City
Plantation FL Zip Code
33324

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 *Kathleen C. Garipey* Kathleen C. Garipey Asst. Sec. 8-14-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C IRVINE, TERRY 803R LANCASTER STREET LEOMINSTER MA 01453	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HULSEY, JOHN 803R LANCASTER STREET LEOMINSTER MA 01453	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARROL, MARK 803R LANCASTER STREET LEOMINSTER MA 01453	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900022481609 08/21/03--01052--029 **\$550.00	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. P. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ronald B. Morton 500 108TH AVE NE suite 2200 Bellevue, WA 98004 VP.	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Sweeney 500 108TH AVE NE suite 2200 Bellevue, WA 98004 Sec	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Peter D. Heinz 500 108TH Avenue NE suite 2200 Bellevue, WA 98004	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wayne Lundberg 500 108TH Avenue NE suite 2200 Bellevue, WA 98004	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assist. Sec Perry T. Kusakabe 6100 Carillon Point Kirkland, WA 98033	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assist. Treas. Michael Welch 6100 Carillon Point Kirkland, WA 98033	☐ Change ☒ 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: *Michael Welch* Michael Welch 8/18/03 (425) 889-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)