

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003748

Entity Name: INSULFOAM, INC.

FILED
Jan 26, 2005
Secretary of State

Current Principal Place of Business:

1019 PACIFIC AVE., STE. 1501
TACOMA, WA 98402

New Principal Place of Business:

1019 PACIFIC AVE.
SUITE 1501
TACOMA, WA 98402

Current Mailing Address:

1019 PACIFIC AVE., STE. 1501
TACOMA, WA 98402

New Mailing Address:

1019 PACIFIC AVE.
SUITE 1501
TACOMA, WA 98402

FEI Number: 91-1334428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALL, MICHAEL R
Address: 1019 PACIFIC AVENUE, STE. 1501
City-St-Zip: TACOMA, WA 984024483

Title: ST () Delete
Name: BAMFORD, CALVIN D
Address: 602 NORTH E STREET
City-St-Zip: TACOMA, WA 98403

Title: VP () Delete
Name: JOHNSON, JAMES R
Address: 1019 PACIFIC AVENUE, STE. 1501
City-St-Zip: TACOMA, WA 984024483

Title: VP (X) Delete
Name: SOBEK, DOUGLAS A
Address: 1019 PACIFIC AVENUE, STE. 1501
City-St-Zip: TACOMA, WA 984024483

Title: VP () Delete
Name: NORMAN, GARY D
Address: 1019 PACIFIC AVENUE, STE. 1501
City-St-Zip: TACOMA, WA 984024483

Title: VP () Delete
Name: WALL, NICHOLAS
Address: 1019 PACIFIC AVE STE 1501
City-St-Zip: TACOMA, WA 98402

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R JOHNSON

VP

01/26/2005

Electronic Signature of Signing Officer or Director

Date