2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007030

City-St-Zip:

SUMNER, WA 98390

Entity Name: EVERGREEN ESCROW, INC.

FILED Apr 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 208 NORTH MERIDIAN PUYALLUP, WA 98371 **Current Mailing Address: New Mailing Address:** 208 NORTH MERIDIAN PUYALLUP, WA 98371 FEI Number: 91-0938894 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition LINKEM, DONALD C Name: Name: LINKEM, DONALD C 22340 JANSKY ROAD EAST 22340 JANSKY ROAD EAST Address: Address: City-St-Zip: GRUHAM, WA 98338 City-St-Zip: GRAHAM, WA 98338 Title: Title: () Delete () Change () Addition Name: DRYDEN, PHILIP D Name: 1920 12TH AVENUE S.E. Address: Address: PUYALLUP, WA 98372 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition BERRY, JAMES J Name: Name: 12417 151 STREET EAST Address: Address: City-St-Zip: PUYALLUP, WA 98374 City-St-Zip: Title: () Delete Title: () Change () Addition WILSON, PAÙL E Name: Name: Address: 3812 196TH AVE. COURT EAST Address:

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.

City-St-Zip:

SIGNATURE: PHILIP DRYDEN ٧ 04/11/2005