
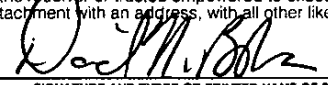


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90093 036 ***150.00

DOCUMENT # F05000005330 1. Entity Name C.C. FILSON CO.					
Principal Place of Business 1555 4TH AVE. SO. SEATTLE, WA 98134			Mailing Address P.O. BOX 34020 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		
4. FEI Number 20-2002560			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$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 <div style="text-align: right;"> FL Zip Code </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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Delete BARNUM, WILLIAM M JR 11150 SANTA MONICA BLVD., SUITE 1200 LOS ANGELES, CA 90025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete WILLIAMS, DOUGLAS L 1555 4TH AVE. SO. SEATTLE, WA 98134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KOHLS, R. STANWOOD 1555 4TH AVE. SO. SEATTLE, WA 98134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST <input checked="" type="checkbox"/> Delete MATSON, STEPHEN J 1555 4TH AVE. SO. SEATTLE, WA 98134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ <input type="checkbox"/> Delete David Bohan 1555 4th Ave S Seattle WA 98134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
SIGNATURE: 			4/3/06 206-624-4437 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT



60037465

Division of Corporations

Annual Report

Annual Report Help

Document Number

F0500005330

Business Entity Name

G.C. FILSON CO.

FEI Number

202002560

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 1555 4TH AVE. SO.
Suite, Apt. #, etc.
City, State SEATTLE, WA
Zip Code & Country 98134

Mailing Address

Address P.O. BOX 34020
Suite, Apt. #, etc.
City, State SEATTLE, WA
Zip Code & Country 98124

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA

C T CORPORATION SYSTEM

Address (PO Box is not acceptable) 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, etc.

City, State

PLANTATION, FL

Zip Code & Country

33324 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT

60037465

F05000005330

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

Name (Last, First, Middle, Title)

 - OR -Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

 - OR -Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

 - OR -Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

ATTACHMENT

60037465

F05000005330

Name (Last, First, Middle, Title)

BOHAN

DAVID

- OR -

Entity Name to serve as
Officer/Director

Street Address

1555 4TH AVE. SO.

City, State

SEATTLE

WA

Zip Code & Country

98134

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

D. M. Bole

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset