
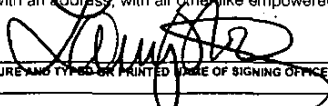


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90065 050 ***150.00

DOCUMENT # F06000001537			
1. Entity Name ALEXANDER, MORFORD & WOO, INC.			
Principal Place of Business 16310 NW 80TH STREET SUITE 200 REDMOND, WA 98052		Mailing Address 16310 NW 80TH STREET SUITE 200 REDMOND, WA 98052	
2. Principal Place of Business - No P.O. Box # 1015 3RD AVE SUITE 800		3. Mailing Address 1015 3RD AVE SUITE 800	
City & State SEATTLE, WA		City & State SEATTLE, WA	
Zip 98104		Country	
4. FEI Number 91-1668609		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	CP	TITLE	
NAME	ALEXANDER, SAMUEL L	NAME	
STREET ADDRESS	24142 SE 16TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	SAMMAMISH, WA 98075	CITY-ST-ZIP	
TITLE	VCS	TITLE	
NAME	MORFORD, RICHARD L	NAME	
STREET ADDRESS	675 RACE ROAD	STREET ADDRESS	
CITY-ST-ZIP	COUPEVILLE, WA 98239	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	WOO, LARRY	NAME	
STREET ADDRESS	3001 120TH AVENUE NE	STREET ADDRESS	
CITY-ST-ZIP	BELLEVUE, WA 98005	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	STROMME, PEGGY	NAME	
STREET ADDRESS	22932 NE 50TH STREET	STREET ADDRESS	
CITY-ST-ZIP	WOODINVILLE, WA 98077	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 reports 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: 		LARRY WOO	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		2/7/08	
		206-816-6767	
		Daytime Phone #	