

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000003203

1. Entity Name
HYPERQUALITY, INC.



Principal Place of Business
1118 POST AVE
SEATTLE, WA 98101

Mailing Address
1118 POST AVE
SEATTLE, WA 98101

FILED
Aug 13, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0952924

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____ U000000957615
08/13/08-80002-012 150.00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DOREN, G. KEVIN
STREET ADDRESS	8202 AVALON DR
CITY-ST-ZIP	MERCER ISLAND, WA 98040
TITLE	D
NAME	HALLETT, BRUCE R
STREET ADDRESS	2101 E PACIFIC COAST HWY STE 300
CITY-ST-ZIP	CORONA DEL MAR, CA 92625
TITLE	D
NAME	HANLIN, R. PATRICK
STREET ADDRESS	2027 WELLINGTON DR
CITY-ST-ZIP	W LINN, OR 97068
TITLE	D
NAME	HAWK, ROBERT C
STREET ADDRESS	25 DOWNING ST 12TH FL PENTHOUSE
CITY-ST-ZIP	DENVER, CO 80218
TITLE	DCEO
NAME	LEE, HOWARD
STREET ADDRESS	1118 POST AVE
CITY-ST-ZIP	SEATTLE, WA 98101
TITLE	PST
NAME	LEE, HOWARD
STREET ADDRESS	1118 POST AVE
CITY-ST-ZIP	SEATTLE, WA 98101

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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/08

Date

206-283-7119

Daytime Phone #