


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90030 012 ***158.75

DOCUMENT # F07000001236 1. Entity Name PREPARED RESPONSE, INC.					
Principal Place of Business 600 UNIVERSITY ST., SUITE 1525 SEATTLE, WA 98101			Mailing Address 600 UNIVERSITY ST., SUITE 1525 SEATTLE, WA 98101		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 91-2061089	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 NAME STREET ADDRESS CITY-ST-ZIP	PSD FINNELL, JIM 600 UNIVERSITY ST., SUITE 1525 SEATTLE, WA 98101	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Spencer Conrad 600 University St Suite 1525 Seattle, WA 98101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLETON, JOHN 600 UNIVERSITY ST., SUITE 1525 SEATTLE, WA 98101	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Jim Tarte 600 University St Suite 1525 Seattle WA 98101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, KIRBY 600 UNIVERSITY ST., SUITE 1525 SEATTLE, WA 98101	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTO Mike Brown 600 University St Suite 1525 Seattle WA 98101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNRO, RALPH 600 UNIVERSITY ST., SUITE 1525 SEATTLE, WA 98101	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEMIROW, MARC 600 UNIVERSITY ST., SUITE 1525 SEATTLE, WA 98101	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RONALDI, JEFF 600 UNIVERSITY ST., SUITE 1525 SEATTLE, WA 98101	<input checked="" 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: <i>Jim Tarte</i> <i>Jim Tarte</i> <i>3/10/08</i> <i>206.223.5344</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					