F1800000468

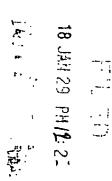
(Requestor's Name)				
(Address)				
(Address)				
(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

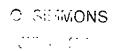
Office Use Only



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01/29/18--01038--012 **79.75





COVER LETTER

	tration Section ion of Corporations				
SUBJECT:	ERGOMETRICS AND AP	PLIED PERSON	NEL RE	SEARCH, INC.	
SUBJECT	Name	of corporation	- must i	nclude suffix	
Dear Sir or Ma	adam:				
"Certificate of	"Application by Foreign C f Existence," or "Certifica ced foreign corporation to	te of Good Stan	ding"ab	nd check are subi	
Please return a CARL SWANI	all correspondence concer DER	ning this matter	to the fe	ollowing:	
ERGOMETRIC	CS AND APPLIED PERSO	Name of I NNEL RESEARC			
18720 33RD A	VE W	Firm/Comp	pany		
LYNNWOOD.	. WA 98037-4754	Addre	SS		
accounting(a)er		City/State ar	nd Zip e	ode	
accodiningliger		ss: (to be used f	or futur	e annual report n	otification)
For further int	formation concerning this			'	
BARBARA EF	RICKSON	425 at (774-:	5700 	
Name	e of Person	Area Code	•	Daytime Teleph	none Number
Regis Divisi Clifto 2661	EET/COURIER ADDRE tration Section ion of Corporations on Building Executive Center Circle massee, FL 32301	SS:		MAILING AI Registration So Division of Co P.O. Box 6327 Taflahassee, Fl	ection rporations
Enclosed is a	eheck for the following ar	nount:			
□ \$70.00 Fill	ing Fee 378.75 Fili Certificate			Filing Fee & ed Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE REGISTER A FOR	E WITH SECTION 607.1503, FLORIDA STATUTES, THE FOL REIGN CORPORATION TO TRANSACT BUSINESS IN THE S	LLOWING IS SUBMITTED TO STATE OF FLORIDA.
(Enter name of co	Applied Personnel Research, Inc. orporation; must include "INCORPORATED," "COMPANY," "CO orp," "Inc," "Co," or "Corp.")	PRPORATION,"
(If name unavailat	able in Florida, enter alternate corporate name adopted for the purpos	e of transacting business in Plorida)
2. WASHINGTON	3 91-1156198	
		number, if applicable)
4. 10/21/1981	5	
(Date	of incorporation) (Date of du	ration, if other than perpetual)
6. 12/01/2017		
	(Date first transacted business in Florida, if prior to re (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine	
7. 18720 33rd Ave W	W, Lynnwood WA 98037	29
	(Principal office address)	P
	(Current mailing address, if different)
		PH F
8. Name and street	et address of Florida registered agent: (P.O. Box NOT accept	±1 '
Name:	Corporation Service Company	
Office Address:	1201 Hays Street	
	Tallahassee 3230	l
		p code)
designated in this further agree to co	ent's acceptance: ned as registered agent and to accept service of process for the s application, I hereby accept the appointment as registered a comply with the provisions of all statutes relative to the prope familiar with and accept the obligations of my position as reg	gent and agree to act in this capacity. I r and complete performance of my
C	Corporation Service Company // / 4	
	By: Mem Will As	erryl Wiener sistant Vice President
	(Registered agent's signature)	
	certificate of existence duly authenticated, not more than 90 d f State, by the Secretary of State or other official having custon	

under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Carl J. Swander Director:	
Address: 18720 33rd Ave W	
Lynnwood, WA 98037	
Director:	
Address:	
B. OFFICERS	
Carl J. Swander	8
President: 18720 33rd Ave W	W
Address: Lynnwood, WA 98037	7. 0
Carla Swander Vice President:	17.
18720 33rd Ave W Address:	2
Lynnwood, WA 98037	¥:
Oscar Spurlin Secretary:	
Address: 18720-33rd Ave W. Lynnwood, WA 98037	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application 12.	listing additional officers and/or directors.
12.	
Signature of Director or C The officer or director signing this document (and who is listed in nu are true and that he or she is aware that false information submitted in a third degree felony as provided for in s.817.155, F.S.	Officer I habove) affirms that the facts stated herein
13. Carl Swander, President (Typed or printed name and capacity of person	on signing application)





The State of



Washington

Secretary of State

1, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

ERGOMETRICS AND APPLIED PERSONNEL RESEARCH, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and decame effective on 10/21/1981.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

> Issued Date: 12/12/2017 UBI Number: 600 421 812



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 12/12/2017