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Division of Corporations

## Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number

: (614)573-3996

Enter the email address for this business entity to be used for future 📑 annual report mailings. Enter only one email address please.\*\*

Email Address: DREYNOLDS@ANCHORQEA.COM

### FOREIGN PROFIT/NONPROFIT CORPORATION ANCHOR QEA, INC

Certificate of Status	0
Certified Copy	1
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To:

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Washington 3.  $\frac{91-1851322}{\text{(State or country under the law of which it is incorporated)}}$ (FEI number, if applicable) (Date of incorporation) Upon Filling (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. <sup>1201</sup> 3rd Avenue, Suite 2600, Scattle, WA 98104 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C.T. Corporation System Name: 1200 South Pine Island Road Office Address: Plantation FL. (City) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation atthe place designated in this application, I hereby accept the appointment as registered agent and agree to act in this eapacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

SEAN L. EMERICK, ASSISTANT SECRETARY

By:

To:

A. DIRECTORS	Greg Summers Name:		Tom Wang	
□Chairman		□Chairman	Name: Tom Wang	
□Vice Chairman	Address:	□Viœ Chairman	Address:	
<b>Director</b>	1201 3rd Avenue, Suite 2600	□ Director	1201 3rd Avenue, Suite 2600	
□President	Seattle WA 98101	□President	Seattle WA 98101	
☐Vice President		TiVice President		
ClSecretary		[]]Secretary	Treasurer	
□Other	☐Other	□Other	□Other	
□Chairman	Name: Margaret Carrillo-Sheridan	∐Chairman	Name: John Cowdery	
□Vice Chairman	Address:	□Vice Chairman	Address:	
☑Director	1201 3rd Avenue, Suite 2600	☐ Director	1201 3rd Avenue, Suite 2600	
President	Seattle WA 98101	President	Seattle WA 98101	
☐Vice President		□Vice President		
Secretary	☐Treasurer	☐ Secretary	□Treasurer	
Other		Other		
	0 1111		Paul La Poca	
□Chairman	Name: Susan Hill	[]Chairman	Name: Paul LaRosa	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director	1201 3rd Avenue, Suite 2600	∐\$Director	1201 3rd Avenue, Suite 2600	
∐President	Seattle WA 98101	□President	Scattle WA 98101	
[]Vice President		□Vice President		
☐ Secretary	☐Treasurer	☐ Secretary	□Treasurer	
☐Other	Other	☐ Other		
individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department			
12. Die Mystle Signature of Director or Officer				
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.				
13. DIANA REYNOLDS, SECRETARY				

(Typed or printed name and capacity of person signing application)

Address for all: 1201 3rd Avenue, Suite 2600, Seattle WA 98101

#### **Board of Directors**

**Director Name Expiration of Current Term** 

Linda Larson

December 31, 2026

#### Officers

Po-Sun (Po) Chen, CEO

Saman Chaudry, CSO,

James Robert (Rob) Howell, COO

Michael Landry, CFO

Diana Reynolds, CAO (and Corporate Secretary)

· XHCHI •

# The State of Pashington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF EXISTENCE

**OF** 

#### ANCHOR QEA, 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 became effective on 09/05/1997.

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: 05/30/2024 UBI Number: 601 815 728

> > R Holine



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

Steve R. Hobbs, Secretary of State

Date Issued: 05/30/2024