

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F81706 (6)

1. Corporation Name

TWENTY-NINE HUNDRED CORPORATION



Principal Place of Business

Mailing Address

1148 BROADWAY PLAZA
CALLER SERVICE 22640
TACOMA WA 98402

1148 BROADWAY PLAZA
CALLER SERVICE 22640
TACOMA WA 98402

3. Date Incorporated or Qualified

05/13/1982

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 400 West Market St.

26 400 West Market St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3300 Providian Center

27 3300 Providian Center

City & State

City & State

23 Louisville KY

28 Louisville KY

Zip

Country

Zip

Country

24 40202 25 US

29 40202 30 US

4. FEI Number

59-2202122

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE
NAME MARKER, CHRIS
STREET ADDRESS 1148 BROADWAY PLAZA
CITY-ST-ZIP TACOMA WA

1.1 TITLE P CEO ☒ Change ☐ Addition
1.2 NAME W. Bruce Lunsford
1.3 STREET ADDRESS 3300 Providian Center
1.4 CITY-ST-ZIP Louisville, KY 40202

TITLE DT ☒ DELETE
NAME PACQUER, ROBERT
STREET ADDRESS 1148 BROADWAY PLAZA
CITY-ST-ZIP TACOMA WA

2.1 TITLE V CFO ☒ Change ☐ Addition
2.2 NAME W. Earl Reed III
2.3 STREET ADDRESS 3300 Providian Center
2.4 CITY-ST-ZIP Louisville, KY 40202

TITLE DS ☒ DELETE
NAME ADCOCK, RICHARD
STREET ADDRESS 1148 BROADWAY PLAZA
CITY-ST-ZIP TACOMA WA

3.1 TITLE V Sec. ☒ Change ☐ Addition
3.2 NAME Bill L. Force
3.3 STREET ADDRESS 3300 Providian Center
3.4 CITY-ST-ZIP Louisville, KY 40202

TITLE V ☒ DELETE
NAME PEISER, WILLIAM
STREET ADDRESS 1148 BROADWAY PLAZA
CITY-ST-ZIP TACOMA WA

4.1 TITLE V Treas. ☒ Change ☐ Addition
4.2 NAME Richard A. Lechleiter
4.3 STREET ADDRESS 3300 Providian Center
4.4 CITY-ST-ZIP Louisville, KY 40202

TITLE V ☒ DELETE
NAME WEITZ, MICHAEL
STREET ADDRESS 1148 BROADWAY PLAZA
CITY-ST-ZIP TACOMA WA

5.1 TITLE V ☒ Change ☐ Addition
5.2 NAME Michael R. Barr
5.3 STREET ADDRESS 3300 Providian Center
5.4 CITY-ST-ZIP Louisville KY 40202

TITLE V ☒ DELETE
NAME BELLANDE, RALPH H
STREET ADDRESS 1148 BROADWAY PLAZA
CITY-ST-ZIP TACOMA WA

6.1 TITLE V ☒ Change ☐ Addition
6.2 NAME Maria M. Levering
6.3 STREET ADDRESS 3300 Providian Center
6.4 CITY-ST-ZIP Louisville, KY 40202

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Vice President, General Counsel
and Corporate Secretary

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96

(502) 596-7300

Date

Daytime Phone #

CR2E034 (12/95)