## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **F93000000494** May 01, 2000 8:00 am Secretary of State SEATTLE SECURITY PROPERTIES INC. 05-01-2000 90314 027 \*\*\*150.00 Principal Place of Business Mailing Address 1201 3RD AVE 1201 3RD AVE SUITE 5400 SUITE 5400 SEATTLE WA 98101 SEATTLE WA 98101-3277 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 91-1266120 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVENUE** TALLAHASSEE FL 32301 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State . ALS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Carried Carried Change Addition TITLE ☐ Delete TITLE PFLEGER, PAUL H NAME NAME 1201 3RD AVE, STE5400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEATTLE WA ■ Addition Change ☐ Delete TITLE TITLE CURRAN, THOMAS C NAME NAME 1201.3RD AVE, STE5400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEATTLE WA ☐ Addition ☐ Change ☐ Delete TITLE OREHEK, JOHN M NAME NAME 1201 3RD AVE, STE 5400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEATTLE WA Change ☐ Addition ☐ Delete TITLE

SEATTLE WA 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

FULBRIGHT, MICHAEL G.

1201 3RD AVE STE 5400

1201 THIRD AVE STE 5400

SEATTLE WA-

SEATTLE WA

LEE, ROY III

vps

HOVERSON, JOHN

1201 THIRD AVE STE 5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

Change

Addition

☐ Addition