2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F93000000845

Entity Name: SUMMIT SECURITIES, INC.

FILED Apr 21, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8601 EMERALD KANIKSU 6000 BUILDING, 510 CLEARWATER LOOP SUITE 150 SUITE 103 BOISE, ID 83704 US POST FALLS, ID 83854 US **Current Mailing Address: New Mailing Address:** 601 W 1ST AVE DEPT. 115000 SPOKANE, WA 992015015 US FEI Number: 82-0438135 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: VSTD () Delete Title: () Change () Addition Name: STRATE, GREG Name: 601 W 1ST AVE DEPT. 115000 Address: Address: City-St-Zip: SPOKANE, WA 992015015 US City-St-Zip: VPD Title: Title: () Delete () Change () Addition Name: SANDIFUR, PHILIP Name: 601 W 1ST AVE DEPT. 115000 Address: Address: SPOKANE, WA 992015015 US City-St-Zip: City-St-Zip: Title: Title: PD () Delete () Change () Addition TURNER, TOM Name: Name: 601 W 1ST AVE DEPT. 115000 Address: Address: City-St-Zip: SPOKANE, WA 992015015 US City-St-Zip: Title: () Delete Title: () Change () Addition POTTER, ROBERT K Name: Name: Address: 202 SHERMAN AVE FLOOR 2 Address: City-St-Zip: COEUR D'ALENE, ID 83814 US City-St-Zip: Title: Title: () Delete () Change () Addition HAWKINS, JAMES V Name: Name: 136 E RIDGELINE DR Address: Address: City-St-Zip: BOISE, ID 837026517 US City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: RUDD, CLAYTON KANIKSU 6000 BLDG, STE 301, 510 CLEARWATER Address: Address: City-St-Zip: City-St-Zip: POST FALLS, ID 83854

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP SANDIFUR VPD 04/21/2003