2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90069 018 ***150.00

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1. Entity Name
SECOR INTERNATIONAL INCORPORATED

Principal Place of Business	Mailing Address
12034 134TH CT. NE STE 102 REDMOND, WA 98052 US	PO BOX 230 REDMOND, WA 98073 US

400749000

01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0385098
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEO / D .
NAME	VAIS, JAMES L
STREET ADDRESS	12034 134TH CT NE STE 102
CITY-ST-ZIP	REDMOND, WA 98073
TITLE	VPHR
NAME	SHUFFLETON, MARGARITE
STREET ADDRESS	2655 CAMINO DEL RIO N
CITY-ST-ZIP	SAN DIEGO, CA 92108
TITLE	CFO
NAME	BAUMGARDNER, JAMES
STREET ADDRESS	12034 134TH CT NE., SUITE 102
CITY-ST-ZIP	REDMOND, WA 98052
TITLE	D
NAME	CAPPELLINO, RUSS
STREET ADDRESS	8 HIDDEN OAKS
CITY-ST-ZIP	COTO DE CAZA, CA 92679
TITLE	D
NAME	MANOS, PETER
STREET ADDRESS	600 NEW HAMPSHIRE AVE NE, STE 660
CITY-ST-ZIP	WASHINGTON, DC 20037
TITLE	D
NAME	LUSTBADER, MICHAEL
STREET ADDRESS	600 NEW HAMPSHIRE AVE NE, STE 660
CITY-ST-ZIP	WASHINGTON, DC 20037

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J Baumgard 4/10/07 (425)372-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #