

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 7:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004415 (6)

1. Corporation Name

PEC OMEGA HOLDING COMPANY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
P O BOX 48946-3005
ORLANDO FL 32809
US
Bothell WA 98041-3005

Mailing Address
P O BOX 48946-3005
ORLANDO FL 32809
US
Bothell WA 98041-3005

2. Principal Place of Business
21 P O Box 3005
Suite, Apt. #, etc.
22
City & State
23 Bothell WA
Zip
24 98041-3005
Country
25 US

2a. Mailing Address
26 P O Box 3005
Suite, Apt. #, etc.
27
City & State
28 Bothell WA
Zip
29 98041-3005
Country
30 US

3. Date incorporated or Qualified
09/30/1993

3a. Date of Last Report
05/31/1994

4. FEI Number
91-1640012

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 (32)
Florida Statutes
☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HQ CORPORATE SERVICES, INC.
528 EAST PARK AVENUE
SUITE 200
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KRAVITZ, DAVID C
STREET ADDRESS 19805 N. CREEK PARKWAY
CITY- ST- ZIP BOTHELL WA 98041

TITLE V
NAME CULLY, GARY
STREET ADDRESS 19805 N. CREEK PARKWAY
CITY- ST- ZIP BOTHELL WA 98041

TITLE S
NAME DECKER, SONJA
STREET ADDRESS 19805 N. CREEK PARKWAY
CITY- ST- ZIP BOTHELL WA 98041

TITLE T
NAME MAHER, VALERIE
STREET ADDRESS 19805 N. CREEK PARKWAY
CITY- ST- ZIP BOTHELL WA 98041

TITLE D
NAME BLACKSTONE, GEORGE
STREET ADDRESS 837 BUCKINGHAM STREET
CITY- ST- ZIP TOLEDO OH 43607

TITLE P
NAME DANIEL, JOHN R
STREET ADDRESS 3102 OVERLAND RD
CITY- ST- ZIP ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
VD
DAN E. STEIGERWALD
19805 NORTHCREEK PARKWAY
Bothell WA
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
TD
DANIEL, BARCLAY S.
19805 NORTHCREEK PARKWAY
Bothell WA
☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
☐ Change ☐ Addition

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 110.07(3)(b), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/95

Date

(206) 486-4800

Daytime Phone