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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000000096 (7)

1. Corporation Name

THE COFFEE STATION, INC.



Principal Place of Business

7683 S.E. 27TH STREET  
MERCER ISLAND WA 98040

Mailing Address

7683 S.E. 27TH STREET  
MERCER ISLAND WA 98040

3. Date Incorporated or Qualified  
01/06/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

Suite 210  
City & State

27

Suite 210  
City & State

23

Zip Country

28

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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 PDI  
NAME HUGHES, JOSEPH L  
STREET ADDRESS 7683 SE 27TH STREET  
CITY-ST-ZIP MERCER ISLAND WA 98040

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

TITLE VDS  
NAME SAWYER, E D  
STREET ADDRESS 7683 SE 27TH STREET  
CITY-ST-ZIP MERCER ISLAND WA 98040

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME MORBECK, JOHN P  
STREET ADDRESS 1301 FIFTH AVENUE, SUITE 3320  
CITY-ST-ZIP SEATTLE WA 98101

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

TITLE D  
NAME CABLE, THOMAS C  
STREET ADDRESS 777 108TH AVENUE NE SUITE 2300  
CITY-ST-ZIP BELLEVUE WA 98004

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME NORBERG, DOUGLAS S  
STREET ADDRESS 1201 THIRD AVENUE, SUITE 2000  
CITY-ST-ZIP SEATTLE WA 98101

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

TITLE D  
NAME HUTCHINSON, GEORGE P  
STREET ADDRESS 2 UNION SQ. 601 UNION ST. STE. 5530  
CITY-ST-ZIP SEATTLE WA 98101

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

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 007, 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

2/1/96 36C  
698-2673  
Daytime Phone #

CR2E034 (12/95)