FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000638 (6)**

1. Corporation Name

CARIB COMM WEST INC.

Principal Place of Business	Mailing Address
~~1601 6TH AVENUE~~ 1111 Third Ave. ~~SUITE 1600~~ Suite 1600 ~~SEATTLE WA 98101~~	~~1601 6TH AVENUE~~ 1111 Third Ave. ~~SUITE 1600~~ Suite 1600 ~~SEATTLE WA 98101~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1111 Third Ave., #1600	26 1111 Third Ave., #1600
Suite, Apt. #, etc. 22 Seattle, WA	Suite, Apt. #, etc. 27 Seattle, WA
City & State 23 98101	City & State 28 98101
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 91-1621719 ☐ Applied For ☐ Not Applicable

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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY **1201 HAYS STREET** **TALLAHASSEE FL 32301**	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE	[DELETE]	☒ Change ☐ Addition
NAME	PFLEGER, PAUL H	12 NAME		
STREET ADDRESS	1601 5TH AVENUE, STE 1900	13 STREET ADDRESS	~~1201 Third Avenue, #5400~~	
CITY-ST-ZIP	SEATTLE WA	14 CITY-ST-ZIP		
TITLE	V	21 TITLE	[DELETE]	☒ Change ☐ Addition
NAME	OREHEK, JOHN M	22 NAME		
STREET ADDRESS	1601 5TH AVENUE, STE 1900	23 STREET ADDRESS	~~1201 Third Avenue, #5400~~	
CITY-ST-ZIP	SEATTLE WA	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE		☒ Change ☐ Addition
NAME	RAO, ASHOK	32 NAME		
STREET ADDRESS	1601 5TH AVENUE, STE 1900	33 STREET ADDRESS	1111 Third Avenue, #1600	
CITY-ST-ZIP	SEATTLE WA	34 CITY-ST-ZIP		
TITLE	S	41 TITLE		☒ Change ☐ Addition
NAME	SENIO, PAUL P	42 NAME		
STREET ADDRESS	1601 5TH AVENUE, STE 1900	43 STREET ADDRESS	1111 Third Avenue, #1600	
CITY-ST-ZIP	SEATTLE WA	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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: Paul P. Senio Paul P. Senio, Secretary 4/7/95 (206) 628-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480000 FP