

OCT-21-1999 12:26

CT CORPORATION SYSTEM

850 222 7615 P.02/03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED 99 NOV 12 PM 4:32

STATE OF FLORIDA TALLAHASSEE, FLORIDA

DOCUMENT # F94000000904 (2)

1. Corporation Name

SSC PROPERTY HOLDINGS, INC.

Principal Place of Business

Mailing Address:

1155 Valley Street Suite 400 Seattle, WA 98109

1155 Valley Street Suite 400 Seattle, WA 98109

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REINSTATEMENT 1999

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/23/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

91-1628986

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include VPD Beck, Harrell; VP Grant, David K.; VP Rowe, Michael; S McKay, Christine; D Smith, W. J.; PC Barbo, Charles K.

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM 1200 South Pine Island Road Plantation, FL 33324

Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Connie Bryan REGISTERED AGENT MUST SIGN

Date 11-12-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes [] No []

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE Christine M. McKay 11/02/99 (206) 624-8100 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP25001 (12/98)