

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90062 001 ***450.00

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1. Entity Name

SSC PROPERTY HOLDINGS, INC.



Principal Place of Business

1155 VALLEY STREET, STE. 400
SEATTLE, WA 98109

Mailing Address

1155 VALLEY STREET, STE. 400
SEATTLE, WA 98109



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number

91-1628986

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	BECK, HARRELL
STREET ADDRESS	1155 VALLEY STREET, STE. 400
CITY-ST-ZIP	SEATTLE, WA 98109
TITLE	VP
NAME	GRANT, DAVID K
STREET ADDRESS	1155 VALLEY STREET, STE. 400
CITY-ST-ZIP	SEATTLE, WA 98109
TITLE	S
NAME	MCKAY, CHRISTINE
STREET ADDRESS	1155 VALLEY STREET, STE. 400
CITY-ST-ZIP	SEATTLE, WA 98109
TITLE	D
NAME	SMITH, W.J.
STREET ADDRESS	1301 GARY WAY
CITY-ST-ZIP	CARMICHAEL, CA 95608
TITLE	PC
NAME	BARBO, CHARLES K
STREET ADDRESS	1155 VALLEY STREET, STE. 400
CITY-ST-ZIP	SEATTLE, WA 98109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine M. McKay
Secretary

2/24/04

Date

(206) 624-8100

Daytime Phone #