FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F94000001112 (1)**

1. Corporation Name
CONTINENTAL MILLS, INC.

Principal Place of Business
PO BOX 88176
TUKWILA WA 98138

Mailing Address
PO BOX 88176
TUKWILA WA 98138

3. Date Incorporated or Qualified: 03/07/1994
3a. Date of Last Report: 01/25/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28 SEATTLE WA
Zip 29 Country 30

4. FEI Number: 91-0186630 — 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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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

TITLE	PD	☐ DELETE
NAME	HEILY, JOHN M	
STREET ADDRESS	18125 ANDOVER PK. W.	
CITY-ST-ZIP	TUKWILA WA 98188	
TITLE	VD	☐ DELETE
NAME	WISE, RONALD	
STREET ADDRESS	18125 ANDOVER PK. W.	
CITY-ST-ZIP	TUKWILA WA	
TITLE	VD	☐ DELETE
NAME	BERRY, CHARLES	
STREET ADDRESS	18125 ANDOVER PK. W.	
CITY-ST-ZIP	TUKWILA WA	
TITLE	VD	☐ DELETE
NAME	HARRIS, MARK	
STREET ADDRESS	18125 ANDOVER PK. W.	
CITY-ST-ZIP	TUKWILA WA	
TITLE	V	☐ DELETE
NAME	REISHUS, CINDY	
STREET ADDRESS	18125 ANDOVER PK. W.	
CITY-ST-ZIP	TUKWILA WA	
TITLE	VD	☐ DELETE
NAME	HERSHBERGER, JAMES M	
STREET ADDRESS	18125 ANDOVER PK. W.	
CITY-ST-ZIP	TUKWILA WA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	~~VICE PRESIDENT~~	☐ Change ~~☒~~ Addition
1.2 NAME	~~DENNIS HITSON~~	
1.3 STREET ADDRESS	~~18125 ANDOVER PK W~~	
1.4 CITY-ST-ZIP	~~TUKWILA, WA 98188~~	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
5.2 NAME	DENNIS HITSON	
5.3 STREET ADDRESS	18125 ANDOVER PK W.	
5.4 CITY-ST-ZIP	TUKWILA WA 98188	
6.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
6.2 NAME	DENNIS MATTEO	
6.3 STREET ADDRESS	18125 ANDOVER PK. W.	
6.4 CITY-ST-ZIP	TUKWILA, WA 98188	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dennis P. Matteo — DENNIS P. MATTEO — 2-10-96 — 206-872-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)