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FILED

Jan 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
SEATTLE WA 98138  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1994

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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 ☐ DELETE

NAME HEILY, JOHN M  
STREET ADDRESS 18125 ANDOVER PK. W.  
CITY-ST-ZIP TUKWILA WA

TITLE ☐ DELETE

NAME WISE, RONALD  
STREET ADDRESS 18125 ANDOVER PK. W.  
CITY-ST-ZIP TUKWILA WA

TITLE ☐ DELETE

NAME BERRY, CHARLES  
STREET ADDRESS 18125 ANDOVER PK. W.  
CITY-ST-ZIP TUKWILA WA

TITLE ☐ DELETE

NAME HARRIS, MARK  
STREET ADDRESS 18125 ANDOVER PK. W.  
CITY-ST-ZIP TUKWILA WA

TITLE ☐ DELETE

NAME REISHUS, CINDY  
STREET ADDRESS 18125 ANDOVER PK. W.  
CITY-ST-ZIP TUKWILA WA

TITLE ☐ 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 ☐ Change ☐ Addition

1.2 NAME VP  
1.3 STREET ADDRESS Hixon, Dennis  
18125 Andover Pk.W.  
1.4 CITY-ST-ZIP TUKWILA WA

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME VP  
2.3 STREET ADDRESS Matteo, Dennis  
18125 Andover Pk.W.  
2.4 CITY-ST-ZIP TUKWILA WA

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 ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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:

*James M. Hershberger*

James M. Hershberger

January 7, 1998 (253)872-8400

CR2E034 (10/97)