

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90094 031 \*\*\*150.00

DOCUMENT # F94000002305

1. Corporation Name  
BLT TECHNOLOGIES, INC.

Principal Place of Business

~~610 EGTHER STREET~~  
~~SUITE 1000~~  
~~VANCOUVER WA 98060~~

Mailing Address

~~610 EGTHER STREET~~  
~~SUITE 1000~~  
~~VANCOUVER WA 98060~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1994

4. FEI Number

91-1450204

Applied For  
Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 515 E. Amite St.  
Jackson, MS 39201  
25 US

2a. Mailing Address

26 1133 19th Street, N.W. Wash. D.C. 20036  
27 Suite, Apt. #, etc.  
28 City & State  
29 Zip Country  
30 DEPT 8408  
US

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 the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NRAJ SERVICES, INC.,  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

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	DP	<input type="checkbox"/> DELETE
NAME	EBBERS, BERNARD J	
STREET ADDRESS	515 E AMITE	
CITY-ST-ZIP	JACKSON MS	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SULLIVAN, SCOTT D	
STREET ADDRESS	515 E AMITE	
CITY-ST-ZIP	JACKSON MS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<del>CANNADA, CHARLES T</del>	
STREET ADDRESS	515 E AMITE	
CITY-ST-ZIP	JACKSON MS	
TITLE	VPC	<input checked="" type="checkbox"/> DELETE
NAME	DAVID F MYERS	
STREET ADDRESS	515 E AMITE ST	
CITY-ST-ZIP	JACKSON MS 39201	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WILLIAM E ANDERSON	
STREET ADDRESS	515 E AMITE ST	
CITY-ST-ZIP	JACKSON MS 39201	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CHARLES T CANNADA	
STREET ADDRESS	515 E AMITE ST	
CITY-ST-ZIP	JACKSON MS 39201	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D SCOTT SULLIVAN
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V.P. & Gen. Tax Counsel WALTER NAGEL
4.3 STREET ADDRESS	1133 19th Street, N.W. Wash. D.C. 20036
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

Walter Nagel

4/29/99

202-736-6000

Date

Daytime Phone #

CR2E034 (1/98)

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