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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

| HARDII | ng Lawson associates ii | NFRASTRUCTURE, IN | U. | | | | | | |
|--|---|---|--------------------------------|-----------------------------------|-----------------------|--|-----------------------|-----------------------|------|
| Principal Place of Business Mailing Address | | | | | | - | aniii Baiki Biaki dal | 18 11881 1181 1881 | |
| 411 108TH AVE. NE. 7655 REDWOOD BLVD | | | | | | | | | |
| STE 400 NAVATO CA 94945 | | | | | | DO NOT WOLFE IN | | | |
| BELLEVUE WA 9800A US | | | | | | DO NOT WRITE IN | 1 THIS SPACE | | - |
| 03 | | | | | | 3. Date Incorporated or Qualified | | | |
| 2 Principal P | Place of Business | 2a. Mailing Address | | | | 08/02/1994 4. FEI Number | | Applied For | |
| 21 | lace of Business | 26 | | | | 68-0331137 | 1 | Not Applical | _ |
| Suite, Apt | #, etc. | Suite, Apt. #, etc. | | | | | S8.7 | 75 Additional | _ |
| 22 | | 27 | | | | 5. Certificate of Status Desired | | e Required | |
| City & Stat | е | City & State | | | | 6. Election Campaign Financing | \$5. | 00 May Be | |
| 23 | | 28 | | | | Trust Fund Contribution | | ded to Fees | |
| Zip | Country | Zip | | Country | | 8. This corporation owes or has paid | | | - |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due June 30 | | No | |
| | 9. Name and Address of Current | Hegistered Agent | | 81 | Name | 10. Name and Address of New Regis | stered Agent | | |
|] | CORPORATION SYSTEM | | į | | tvaille | | | | |
| . – | 00 S. PINE ISLAND ROAD | | | 82 | Street Addre | ss (P.O. Box Number is Not Acceptable) |) | | |
| 10 | ANTATION FL 33324 | | | 83 | | | | | |
| ł | | | | | | | | | |
| | | | | 84 | City | | FL | Zip Code | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, it office or registered agent, or both, in the State of Florida. Such change was authoragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida | | | | | named corpo | pration submits this statement for the pur | pose of changi | ng its register | eď |
| agent, I a | registered agent, or both, in the state of im familiar with, and accept the obligati | ons of, Section 607.0505, Fk | orida Statu | ıtes. | the corporatio | on's board of directors. Thereby accept t | rue appointmen | t as registered | ٠. |
| SIGNATURE | | | | | | | - | | |
| | Signature, typed or printed name of registered agent | | | Ager | nt signature required | | DATE | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICE | RS AND DIREC | | tion |
| TITLE | SCHREUDER, DONALD L | | | 1.1 TITLE | | | Cria: | ige Abbit | 1011 |
| | 7655 REDWOOD BLVD. | | 1.2 NAME 1.3 STREET ADDRESS | | | | | | 1 |
| STREET ADDRESS | NOVATO CA 94945 | | | | ! | | | | |
| CITY-ST-ZIP | DP DP | DELETE | | 1.4 City-St-ZiP | | | Char | nge L Addit | ion |
| NAME | LIMAYE, PRAKASH V | | | 2.2 NAME | | | | | , |
| STREET ADDRESS | 411 108TH AVE. NE., STE 400 | | | 2.3 STREET ADDRESS | | | | | ļ |
| CITY-SY-ZIP | BELLEVUE WA | | | | I | | | | Ì |
| TITLE | DS DELETE | | | 2. 4 CITY - ST - ZIP 3.1 TITLE | | | Char | nge Addit | ion |
| NAME | ENGLAND, PATRICIA A 3. | | 3,2 NA | 3,2 NAME | | | | | |
| STREET ADDRESS | 7655 REDWOOD BLVD. | TOTAL DEPUTION OF THE PARTY OF | | 3.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | NOVATO CA 94945 | | 3.4. CII | 3.4. CITY - ST - ZIP | | | | | |
| TITLE | | | | 4.1 TITLE | | | Char | nge 🔲 Addit | ion |
| NAME | THORNTON, GREGORY A | | 4, 2 NA | ME | - | | | | |
| STREET ADDRESS | TANK PERMUSAN PLAN | | 4.3 STF | 4.3 STREET ADDRESS | | | | | |
| CITY - ST - ZIP | NOVATO CA 94945 | | 4,4 CIT | Y-ST | - ZIP | | | | _ |
| TITLE | | | | 5.1 TITLE | | | Char | nge 🔲 Addit | tion |
| NAME | DYKINS, STUART E. | | 5 2 NA | ME | | | | | ļ |
| STREET ADDRESS | 961 MATLEY LANE, STE 110 | | 5.3 STF | REET / | ADDRESS | | | | - 1 |
| CITY-ST-ZIP | RENO NV | | 5,4 CIT | Y-ST | -ZIP | | | | |
| YITI E | W | DEVETE | 6 1 TIT | | | | Char | ine Addit | ion |

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 cath; 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

MUJIB, AHMED

BELLEVUE WA

411 108TH AVE. NE., STE 400

1/19/98

415-899-8817

FILED

Jan 28 1998 8:00am

Secretary of State