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Feb 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F94000006516 (8)**

1. Corporation Name
HBS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
~~3055-112TH AVE. NE~~ BELLEVUE WA 98004	~~3055-112TH AVE. NE~~ BELLEVUE WA 98004-2067

3. Date Incorporated or Qualified: 12/20/1994	3a. Date of Last Report: 11/22/1996
4. FEI Number: 91-1490074	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 411 - 108th Ave NE	26 411-108th Ave NE
Suite, Apt. #, etc. 22 Suite 800	Suite, Apt. #, etc. 27 Suite 800
City & State 23 Bellevue, ~~WA~~	City & State 28 Bellevue, WA
Zip / Country 24 98004 / 25 WA	Zip / Country 29 98004 / 30 WA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BENNETT, GREGG D		1.2 NAME		
STREET ADDRESS	~~3055-112TH AVE. NE~~		1.3 STREET ADDRESS	411-108th Ave NE, Suite 800	
CITY-ST-ZIP	~~BELLEVUE WA 98004~~		1.4 CITY-ST-ZIP	Bellevue, WA 98004	
TITLE	C	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NONOMAQUE, CURT		2.2 NAME		
STREET ADDRESS	220 EAST LAS COLINES BLVD. STE 1100		2.3 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WINSTEAD, DWIGHT		3.2 NAME		
STREET ADDRESS	1220 EAST LAS COLINES BLVD. SUITE 1100		3.3 STREET ADDRESS		
CITY-ST-ZIP	IRVING TX		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Valerie Lower Authorized Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0011919