

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

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000000021 (4)

1. Corporation Name

PINNACLE REALTY MANAGEMENT COMPANY



Principal Place of Business

320 ANDOVER PARK EAST
SUITE 100
SEATTLE WA 98188

Mailing Address

320 ANDOVER PARK EAST
SUITE 100
SEATTLE WA 98188-7623

3. Date Incorporated or Qualified

01/03/1995

3a. Date of Last Report

06/10/1996

2. Principal Place of Business

21 401 Second Ave. S.

2a. Mailing Address

26 401 Second Ave. S.

4. FEI Number

91-1661476

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 110

Suite, Apt. #, etc.

27 Suite 110

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Seattle, WA 98104

City & State

28 Seattle, WA 98104

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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 SOUTH PINE ISLAND ROAD
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

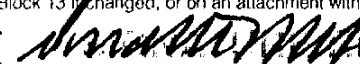
12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HARRELSON, STAN	
STREET ADDRESS	320 ANDOVER PARK EAST, SUITE 100	
CITY - ST - ZIP	SEATTLE WA 98188	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	GOODMAN, JOHN A	
STREET ADDRESS	320 ANDOVER PARK EAST, SUITE 100	
CITY - ST - ZIP	SEATTLE WA 98188	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOBLE, SCOTT C	
STREET ADDRESS	ONE AMERICAN ROW	
CITY - ST - ZIP	HARTFORD CT 06115	
TITLE	CFOS	<input type="checkbox"/> DELETE
NAME	MARKEY, DONALD J	
STREET ADDRESS	320 ANDOVER PARK EAST, SUITE 100	
CITY - ST - ZIP	SEATTLE WA 98188	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	James Carter	
STREET ADDRESS	38 Prospect St.	
CITY - ST - ZIP	Hartford, CT 06115-0479	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	401 Second Ave. S, Ste. 110
1.4 CITY - ST - ZIP	Seattle, WA 98104
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	401 Second Ave. S, Ste. 110
2.4 CITY - ST - ZIP	Seattle, WA 98104
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	38 Prospect St.
3.4 CITY - ST - ZIP	Hartford, CT 06115-0479
4.1 TITLE	CFOS, Secretary/Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	401 Second Ave. S, Ste. 110
4.4 CITY - ST - ZIP	Seattle, WA 98104
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	James Carter
5.4 CITY - ST - ZIP	38 Prospect St.
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 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: X  DONALD J. Markey 4-9-97 206-215-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0608333

CR2E034 (9/96)