

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

FILED  
Apr 29 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F95000000193 (1)

1. Corporation Name  
ARAYCO INC.

Principal Place of Business

1106-140TH AVE E  
SUMNER WA 98390  
US

Mailing Address

1106 140TH AVE., C. E.  
SUMNER WA 98390

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1995

4. FEI Number

84-0767344

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 25

2a. Mailing Address

26 1106 140th Avenue East

27 City & State

28 Sumner, WA

29 Zip

30 98390

Country

USA

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST., #105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name CSC-The United States Corporation Company  
82 Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street #105  
83  
84 City Tallahassee FL 85 Zip Code 32301

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, type or print name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/98

12. OFFICERS AND DIRECTORS

TITLE D  
NAME MILLER, CHARLES Q.  
STREET ADDRESS 141 SPRING STREET  
CITY-ST-ZIP LEXINGTON MA ☐ DELETE

TITLE VTD  
NAME SANDERS, JAMES K  
STREET ADDRESS 160 CHUBB AVE.  
CITY-ST-ZIP LYNDHURST NJ 07071 ☐ DELETE

TITLE S  
NAME ATKINS, THOMAS H  
STREET ADDRESS 160 CHUBB AVE.  
CITY-ST-ZIP LYNDHURST NJ 07071 ☐ DELETE

TITLE AT  
NAME SPENCER, TODD W  
STREET ADDRESS 1106-140TH AVE E  
CITY-ST-ZIP SUMNER WA ☐ DELETE

TITLE AC  
NAME MARANO, PETER R  
STREET ADDRESS 160 CHUBB AVE.  
CITY-ST-ZIP LYNDHURST NJ 07071 ☐ DELETE

TITLE PCEO  
NAME HANKLA, STEPHEN M  
STREET ADDRESS 1106 140TH AVENUE COURT, E.  
CITY-ST-ZIP SUMNER WA 98390 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

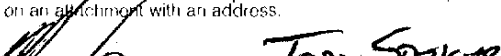
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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



4/20/98 1952/01/2/2002

CR2E034 (10/97)