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Apr 04 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 # F95000000614 (6)

1. Corporation Name:
GARDEN BOTANIK, INC.



Principal Place of Business

8624 54TH AVENUE N.E.
REDMOND WA 98052

Mailing Address

8624 54TH AVENUE N.E.
REDMOND WA 98052

2. Principal Place of Business

21 8624 154th AVE NE

Suite, Apt. #, etc.

City & State

23 Redmond, WA

Zip

24 98052

Country

25 King

2a. Mailing Address

26 8624 154th AVE NE

Suite, Apt. #, etc.

City & State

28 Redmond, WA

Zip

29 98052

Country

30 King

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

02/06/1995

3a. Date of Last Report

10/11/1996

4. FEI Number

91-1464962

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

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	PC	☐ DELETE
NAME	LUCE, MICHAEL W	
STREET ADDRESS	8624 154TH AVENUE N.E.	
CITY - ST - ZIP	REDMOND WA 98052	
TITLE	V	☐ DELETE
NAME	JENSEN, ARLEE	
STREET ADDRESS	8624 154TH AVENUE N.E.	
CITY - ST - ZIP	REDMOND WA 98052	
TITLE	SD	☐ DELETE
NAME	BROTMAN, JEFFREY H	
STREET ADDRESS	10809 120TH AVENUE N.E.	
CITY - ST - ZIP	KIRKLAND WA 98033	
TITLE	D	☐ DELETE
NAME	EDERER, DAVID A	
STREET ADDRESS	4919 N.E. LAURELCREST LANE, #80	
CITY - ST - ZIP	SEATTLE WA 98105	
TITLE	V	☐ DELETE
NAME	FISHER, MICHAEL	
STREET ADDRESS	8624 154TH AVE NE	
CITY - ST - ZIP	REDMOND WA 98052	
TITLE	D	☐ DELETE
NAME	GALLAGHER, GERALD R	
STREET ADDRESS	4550 NORWEST CENTER, 90 S. 7TH STREET	
CITY - ST - ZIP	MINNEAPOLIS MN 55402	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/CEO	☐ Change ☒ Addition
1.2 NAME	myron Kirkpatrick	
1.3 STREET ADDRESS	8624 154th AVE NE	
1.4 CITY - ST - ZIP	Redmond, WA 98052	
2.1 TITLE	Director	☐ Change ☒ Addition
2.2 NAME	Damon Ball	
2.3 STREET ADDRESS	540 Madison Ave 30th floor	
2.4 CITY - ST - ZIP	New York, NY 10022	
3.1 TITLE	William Randall	☐ Change ☒ Addition
3.2 NAME	Director	
3.3 STREET ADDRESS	2724 Loker Ave W	
3.4 CITY - ST - ZIP	Carlsbad, CA 92008	
4.1 TITLE	Director	☐ Change ☒ Addition
4.2 NAME	Dale S. Vogel	
4.3 STREET ADDRESS	777 108th AVE NE Suite 1895	
4.4 CITY - ST - ZIP	Bellevue, WA 98004	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Myron E Kirkpatrick 3-27-97 (206) 881-9603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0528312

CR2E034 (9/96)