

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000003285 (2)

1. Corporation Name
PAGE SYSTEMS COMPANY



Principal Place of Business: **4170 LIND AVENUE SW RENTON WA 98055**
Mailing Address: **4170 LIND AVENUE SW RENTON WA 98055**

3. Date Incorporated or Qualified: **07/10/1995**
3a. Date of Last Report
4. FEI Number: **91-1672444**
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
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30.

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
SUITE 105
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVC	1.1 TITLE	
NAME	SIEGER, ANTON J	1.2 NAME	
STREET ADDRESS	4170 LIND AVENUE SW	1.3 STREET ADDRESS	
CITY-ST-ZIP	RENTON WA 98055	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	Secretary
NAME	RODRIGUEZ, DEBORAH L	2.2 NAME	RODRIGUEZ, DEBORAH L
STREET ADDRESS	4170 LIND AVENUE SW	2.3 STREET ADDRESS	4170 Lind Avenue SW
CITY-ST-ZIP	RENTON WA 98055	2.4 CITY-ST-ZIP	RENTON WA 98055
TITLE	TD	3.1 TITLE	
NAME	CHRISTIANSSEN, DANIEL J	3.2 NAME	
STREET ADDRESS	9800 S.E. MCBROD AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97222	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	
NAME	IZUMI, KOTARO	4.2 NAME	
STREET ADDRESS	9800 S.E. MCBROD AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97222	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	PASSADORE, ALBERT	5.2 NAME	
STREET ADDRESS	9800 S.E. MCBROD AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97222	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Change Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Deborah L. Rodriguez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **206-251-8483**
Daytime Phone #

CR2E034 (12/95)