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**Apr 02, 1999 8:00 am**  
**Secretary of State**

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F95000003285**

1. Corporation Name  
**CLEANPAK SYSTEMS COMPANY**



Principal Place of Business  
**4130 LIND AVE SW  
 RENTON WA 98055  
 US**

Mailing Address  
**4130 LIND AVE SW  
 RENTON WA 98055  
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/10/1995**

4. FEI Number  
**91-1672444**

Applied For  
 Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

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 the current year Intangible Personal Property Tax.  Yes  No

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 **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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SIEGER, ANTON J</b>	
STREET ADDRESS	<b>4130 LIND AVE SW</b>	
CITY-ST-ZIP	<b>RENTON WA 98055</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, DEBORAH L</b>	
STREET ADDRESS	<b>4130 LIND AVE SE</b>	
CITY-ST-ZIP	<b>RENTON WA</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHRISTIANSEN, DANIEL J</b>	
STREET ADDRESS	<b>11241 SE HWY 212</b>	
CITY-ST-ZIP	<b>CLACKAMAS OR 97015</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>IZUMI, KOTARO</b>	
STREET ADDRESS	<b>11241 SE HWY 212</b>	
CITY-ST-ZIP	<b>CLACKAMAS OR 97015</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOPKINS, LAWRENCE G</b>	
STREET ADDRESS	<b>11241 SW HWY 212</b>	
CITY-ST-ZIP	<b>CLACKAMAS OR 97015</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>ASSISTANT SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>OLELS, DOBORAH L</b>
2.3 STREET ADDRESS	<b>4130 LIND AV SW</b>
2.4 CITY-ST-ZIP	<b>RENTON, WA 98055</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>BATEMAN, RABDALL B.</b>
6.3 STREET ADDRESS	<b>3200 US BANCORP TOWER, 111 SW FIFTH AV</b>
6.4 CITY-ST-ZIP	<b>PORTLAND, OR 97222</b>

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, with all other like empowered.

SIGNATURE: **Deborah L. Orels** SIGNATURE REQUIRED: **DEBORAH L. OLELS** 3-15-99 425-251-8483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)