

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90051 024 ***158.75

DOCUMENT # F95000003403

1. Entity Name
GOODMAN FINANCIAL SERVICES, INC.

Principal Place of Business

401 SECOND AVE. S.
SUITE 110
SEATTLE WA 98104

Mailing Address

401 SECOND AVE. S.
SUITE 110
SEATTLE WA 98104

2. Principal Place of Business

2801 ALASKAN WAY
SUITE 200
SEATTLE, WA

3. Mailing Address

2801 ALASKAN WAY
SUITE 200
SEATTLE, WA



DO NOT WRITE IN THIS SPACE

City & State
SEATTLE, WA

City & State
SEATTLE, WA

4. FEI Number
91-1516376

Applied For
Not Applicable

Zip
98121

Country
USA

Zip
98121

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☒
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSC GOODMAN, JOHN A
401 SECOND AVE. S. #110
SEATTLE WA 98104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSC GOODMAN, JOHN A.
2801 ALASKAN WAY, SUITE 200
SEATTLE, WA 98121

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
JOHN A. GOODMAN

1/11/02

(206) 215-9816

Date

Daytime Phone #

CR2E034 (9/01)