


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

FILED

Jan 24 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000003408 (0)**

1. Corporation Name  
**ADVAL, INC.**



Principal Place of Business <b>1111 THIRD AVE., #1600 LAW DEPT SEATTLE WA 98101</b>	Mailing Address <b>1111 THIRD AVE., #1600 LAW DEPT SEATTLE WA 98101-3205</b>
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3. Date Incorporated or Qualified <b>07/17/1995</b>	3a. Date of Last Report <b>07/16/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number <b>52-1841828</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
526 E. PARK AVE.  
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	<b>FL</b>
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FUJIKADO, BETTI</b>		1.2 NAME <b>Robert L. Nitschke</b>	
STREET ADDRESS <b>1111 THIRD AVE., #1600</b>		1.3 STREET ADDRESS <b>1111 Third Ave., #1600</b>	
CITY-ST-ZIP <b>SEATTLE WA 98101</b>		1.4 CITY-ST-ZIP <b>Seattle, WA 98101</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SENIO, PAUL P</b>		2.2 NAME	
STREET ADDRESS <b>1111 THIRD AVE., #1600</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>SEATTLE WA 98101</b>		2.4 CITY-ST-ZIP	
TITLE <b>AS</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KIRKENDALL, WENDY</b>		3.2 NAME <b>Bradley D. Toney</b>	
STREET ADDRESS <b>1111 THIRD AVE., #1600</b>		3.3 STREET ADDRESS <b>1111 Third Ave., #1600</b>	
CITY-ST-ZIP <b>SEATTLE WA 98101</b>		3.4 CITY-ST-ZIP <b>Seattle, WA 98101</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>OBERLIN, WILLIAM H</b>		4.2 NAME	
STREET ADDRESS <b>1111 THIRD AVE., #1600</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>SEATTLE WA 98101</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME <b>Robert Chamberlain</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>1111 Third Ave., #1600</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>Seattle, WA 98101</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Paul P. Senio**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

**1/14/97 206-628-8000**

Date

Daytime Phone

0509247

CR2E034 (9/96)