

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F95000004657 (1)  
1. Corporation Name  
DOUGLAS MULVANNY/ARCHITECTS INCORPORATED



Principal Place of Business 11820 NORTHUP WAY #E300 BELLEVUE WA 98005	Mailing Address 11820 NORTHUP WAY #E300 BELLEVUE WA 98005
---	---

DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 09/25/1995	
				4. FEI Number 91-0972198	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent RAFLOWITZ, LINDA 7729 OAKMONT DR LAKE WORTH FL 33467				10. Name and Address of New Registered Agent 81 Name CR Corporation System 82 Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road 83 84 City Plantation FL 85 Zip Code 33324			
---	--	--	--	--	--	--	--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	CEO
NAME	LEE, JERRY Q	1.2 NAME	Lee, Jerry Q.
STREET ADDRESS	7490 80TH PL SE	1.3 STREET ADDRESS	7490 80th PL SE
CITY-ST-ZIP	MERCER ISLAND WA 98040	1.4 CITY-ST-ZIP	Mercer Island, WA 98040
TITLE	V	2.1 TITLE	P
NAME	SMITH, MITCHELL C	2.2 NAME	Smith, Mitchell C.
STREET ADDRESS	7028 SYCAMORE AVE. N.W.	2.3 STREET ADDRESS	2712 53rd Ave. SW
CITY-ST-ZIP	SEATTLE WA 98117	2.4 CITY-ST-ZIP	Seattle, WA 98116
TITLE	V	3.1 TITLE	
NAME	SIMPSON, CAROL A	3.2 NAME	
STREET ADDRESS	7355 18TH AVE NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA 98115	3.4 CITY-ST-ZIP	
TITLE	VC	4.1 TITLE	VC
NAME	PETERS, BARBARA	4.2 NAME	Peters, Barbara
STREET ADDRESS	1229 BELLEFIELD PARK LN	4.3 STREET ADDRESS	4241 135th Ave. SE
CITY-ST-ZIP	BELLEVUE WA 98004	4.4 CITY-ST-ZIP	Bellevue, WA 98006
TITLE		5.1 TITLE	V
NAME		5.2 NAME	Maddox, Ronald L.
STREET ADDRESS		5.3 STREET ADDRESS	14102 SE 83rd St.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Newcastle, WA 98059
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 supplement 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.

CR2E034 (10/97)