

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90160 023 ***150.00

DOCUMENT # F95000004657

1. Entity Name
 *MULVANNY ARCHITECTS, P.S., INC.

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **91-0972198**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **CEO**
 STREET ADDRESS **LEE, JERRY Q**
 CITY-ST-ZIP **9403 SE 33RD ST**
MERCER ISLAND WA 98040

TITLE ☐ Change ☒ Addition
 NAME **VP**
 STREET ADDRESS **Ming Zhang**
 CITY-ST-ZIP **4881 Forest Ave SE**
Mercer Island, WA 98040

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **SMITH, MITCHELL C**
 CITY-ST-ZIP **2712 53RD AVE, SW**
SEATTLE WA 98116

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **18612 SE 41st Ct**
 CITY-ST-ZIP **Issaquah, WA 98027**

TITLE ☐ Delete
 NAME **VC**
 STREET ADDRESS **PETERS, BARBARA**
 CITY-ST-ZIP **4241 135TH AVE, SE**
BELLEVUE WA 98006

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **MADDOX, RONALD L.**
 CITY-ST-ZIP **14102 SE 83RD ST**
NEWCASTLE WA 98059

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(425) 822-0444

CR2E034 (10/00)