2002 UNIFORM BUSINESS REPORT (UBR)

2002	2 UNIFORM BUSI	NESS REPO	ः RT (UBR)		FILI Mar 12, 20		8:00 :	am
DOCUMENT # F95000004657					Secretary of State			
•	NYG2 ARCHITECTURE CORI	PORATION			01-30-2002 90154	, 038 **	**15 0.00	
Principal Place of Business 11820 NORTHUP WAY #E300 BELLEVUE WA 98005 Mailing Address 11820 NORTHUP V BELLEVUE WA 98005			E300					
2. Principal P	Tace of Business 112th Ave he #. etc.	3. Mailing Address 110 1) 3 Suite, Apt. #, etc.	1110 112 AVE DE		DO NOT WRITE IN THIS SPACE			
City & Stat	500	City & State	500 City & State Bellevue, WA		FEI Number 91-0972198	→	plied For	
210 980	1000 COUNTRY USA	Zip 98019	Country USA	5.	Certificate of Status Desired	3.75 Add		I
	6. Name and Address of Current Re			7:-	Name and Address of New Registered Ag	ent — -		
	PORATION SYSTEM UTH PINE ISLAND ROAD		Name Street Addre	ess (P.O. I	ss (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324			City	FL Zip Code				
Tax filing r	Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!	Programme Agent signature re- PREE IS \$150.00 Pree will be \$550.0 The partment of	00 State	Election Campaign Financing Trust Fund Contribution.	Added	O May Be to Fees	
11. OFFICERS AND DIRECTORS			12.	A	DDITIONS/CHANGES TO OFFICERS AND D			₽
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LEE, JERRY Q 9403 SE 33RD ST MERCER ISLAND WA 98040	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>L</u>] Change	Addition	72E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, MITCHELL C 18612 SE 41ST COURT ISSAQUAH WA 98027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change		ቼ
NAME STREET ADDRESS CITY-ST-ZIP	-VC	Delots	NAME STREET ADDRESS CITY-ST-ZIP]-Change—	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MADDOX, RONALD L. 14102 SE 83RD ST NEWCASTLE WA 98059	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		С] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZHANG, MING 4881 FOREST AVE SE MERCER ISLAND WA 98040	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		C] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	maiour pout in down	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	
13. I hereby of indicated	on this report or supplemental report is tr	ue and accurate and that m	the exemption stated in y signature shall have	the same	119.07(3)(i), Florida Statutes. I further certify legal effect as if made under oath; that I am ida Statutes; and that my name appears in B	an officer (or director	