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Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000006181 (0)**

1. Corporation Name

WESTERN STATES CHEMICAL, INC.

Principal Place of Business

**4227 BURNHAM DRIVE NW
GIG HARBOR WA 98332**

Mailing Address

**4227 BURNHAM DRIVE NW
GIG HARBOR WA 98332**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1995

4. FEI Number

91-1702553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 665 N. TUSTIN AVE #T

26 808 S.W. 15TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 ORANGE, CA 92867

28 PORTLAND OR 97205

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, 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	P	1.1 TITLE	PRESIDENT & CEO
NAME	BELVEAL, R L	1.2 NAME	DONNARD B. AULTMAN
STREET ADDRESS	12915 FOXGLOVE	1.3 STREET ADDRESS	808 S.W. 15TH AVE.
CITY-ST-ZIP	GIG HARBOR WA	1.4 CITY-ST-ZIP	PORTLAND, OR 97205
TITLE	VT	2.1 TITLE	SECRETARY & TREASURER
NAME	CLERC, A J	2.2 NAME	DOUGLAS A. KIEFFER
STREET ADDRESS	4816 - 133RD ST N.W.	2.3 STREET ADDRESS	808 S.W. 15TH AVE.
CITY-ST-ZIP	GIG HARBOR WA	2.4 CITY-ST-ZIP	PORTLAND, OR 97205
TITLE	S	3.1 TITLE	ASST. SECRETARY
NAME	VAN ARSDALE, SALLY	3.2 NAME	C.R. SUMMERS
STREET ADDRESS	7936 SCHOOLHOUSE AVE	3.3 STREET ADDRESS	808 S.W. 15TH AVE
CITY-ST-ZIP	GIG HARBOR WA	3.4 CITY-ST-ZIP	PORTLAND, OR 97205
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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:

C.R. Summers **ASST. Secretary** 1/23/98 (503) 228-2600

CR2E034 (10/97)