

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

FILED

Apr 02 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 # **F95000006200 (8)**

1. Corporation Name
R.W. BECK, INC.



Principal Place of Business 2101 4TH AVENUE SUITE 600 SEATTLE WA 98121-2375	Mailing Address ATTN: LINDA A. WANDELL, ESQ. 1001 FOURTH AVENUE, SUITE 2500 SEATTLE WA 98154-1004
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1001 Fourth Avenue Suite Apt. #, etc. 22 Suite 2500 City & State 23 Seattle WA Zip 24 98154-1004		2a. Mailing Address 26 1001 Fourth Avenue Suite Apt. #, etc. 27 Suite 2500 City & State 28 Seattle WA Zip 29 98154-1004		3. Date Incorporated or Qualified 12/20/1995	
Country 25 USA		Country 30 USA		4. FEI Number 91-0883905	
				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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CECIL, EDWARD A	1.2 NAME	Nicholas P. Guarriello
STREET ADDRESS	1125 17TH STREET	1.3 STREET ADDRESS	800 N. Magnolia, Suite 300
CITY-ST-ZIP	DENVER CO	1.4 CITY-ST-ZIP	Orlando FL 32803-3274
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, KENNETH C	2.2 NAME	
STREET ADDRESS	2101 4TH AVENUE, STE 600	2.3 STREET ADDRESS	1001 Fourth Avenue, Suite 2500
CITY-ST-ZIP	SEATTLE WA	2.4 CITY-ST-ZIP	Seattle WA 98154-1004
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTTE, ROGER M	3.2 NAME	
STREET ADDRESS	550 COCHITUATE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FRAMINGHAM MA	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MILTON L	4.2 NAME	
STREET ADDRESS	2101 4TH AVENUE, STE 600	4.3 STREET ADDRESS	1001 Fourth Avenue, Suite 2500
CITY-ST-ZIP	SEATTLE WA	4.4 CITY-ST-ZIP	Seattle WA 98154-1004
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIN, GEORGE H	5.2 NAME	
STREET ADDRESS	550 COCHITUATE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FRAMINGHAM MA	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELSBY, DAVID T.	6.2 NAME	
STREET ADDRESS	2101 FOURTH AVE., SUITE 600	6.3 STREET ADDRESS	1001 Fourth Avenue, Suite 2500
CITY-ST-ZIP	SEATTLE WA	6.4 CITY-ST-ZIP	Seattle WA 98154-1004

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: *Linda A. Wandell* Linda A. Wandell Assistant Secretary 3/23/98 206-695-4700

CR2E034 (10/97)