

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000006200**

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

Principal Place of Business

**1001 FOURTH AVENUE
SUITE 2500
SEATTLE WA 98154-1004
US**

Mailing Address

**1001 FOURTH AVENUE
SUITE 2500
SEATTLE WA 98154-1004
US**

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90006 006 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1995

4. FEI Number

91-0883905

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 the current year
Intangible Personal Property.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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** ☒ DELETE

NAME **GUARRIELLO, NICHLAS P.**
STREET ADDRESS **800 N. MAGNOLIA ST, SUITE 300**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **PD** ☒ DELETE

NAME **O'BRIEN, KENNETH C**
STREET ADDRESS **1001 FOURTH AVENUE, SUITE 2500**
CITY-ST-ZIP **SEATTLE WA 98154**

TITLE **VD** ☐ DELETE

NAME **COTTE, ROGER M**
STREET ADDRESS **550 COCHITUATE ROAD**
CITY-ST-ZIP **FRAMINGHAM MA**

TITLE **V** ☒ DELETE

NAME **SMITH, MILTON L**
STREET ADDRESS **1001 FOURTH AVENUE, SUITE 2500**
CITY-ST-ZIP **SEATTLE WA 98154**

TITLE **V** ☐ DELETE

NAME **CHIN, GEORGE H**
STREET ADDRESS **550 COCHITUATE ROAD**
CITY-ST-ZIP **FRAMINGHAM MA**

TITLE **SD** ☒ DELETE

NAME **HELSBY, DAVID T.**
STREET ADDRESS **1001 FOURTH AVENUE, SUITE 2500**
CITY-ST-ZIP **SEATTLE WA 98154**

1.1 TITLE

CD ☐ Change ☒ Addition
NAME **Paul D. Reising**
STREET ADDRESS **500 E. 96th Street, Suite 400**
CITY-ST-ZIP **Indianapolis IN 46240-3799**

2.1 TITLE

PD ☐ Change ☒ Addition
NAME **Nicholas P. Guarriello**
STREET ADDRESS **800 N. Magnolia, Suite 300**
CITY-ST-ZIP **Orlando FL 32803-3274**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

V ☐ Change ☒ Addition
NAME **Kenneth C. O'Brien**
STREET ADDRESS **1001 Fourth Avenue, Suite 2500**
CITY-ST-ZIP **Seattle WA 98154-1004**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

SD ☐ Change ☒ Addition
NAME **Jeffrey F. Clunie**
STREET ADDRESS **550 Cochituate Road**
CITY-ST-ZIP **Framingham MA 01701-9344**

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:

Sandra A. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Assistant Secretary 7/27/99 206-695-4700

CR2E034 (5/99)

0123395