

2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F95000006200**

1. Entity Name

R. W. BECK, INC.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90274 030 ***150.00

Principal Place of Business

1001 4th Avenue,
Suite 2500
Seattle WA 98154-1004

Mailing Address

ATTN: Linda A. Wandell, Esq.
1001 4th Avenue, Suite 2500
Seattle WA 98154-1004

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

91-0883905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

655993

6. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation FL 33324

7. Name and Address of New Registered Agent

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, 2000 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

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	Reising, Paul D.	
STREET ADDRESS	500 E 96th Street, Suite 400	
CITY-ST-ZIP	Indianapolis IN 46240-3799	
TITLE	PD	<input type="checkbox"/> Delete
NAME	Guarriello, Nicholas P.	
STREET ADDRESS	800 N. Magnolia, Suite 300	
CITY-ST-ZIP	Orlando FL 32803-3274	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Cotte, Roger M	
STREET ADDRESS	550 Cochituate Road	
CITY-ST-ZIP	Framingham MA 01701-9344	
TITLE	V	<input type="checkbox"/> Delete
NAME	O'Brien, Kenneth C.	
STREET ADDRESS	1001 Fourth Avenue, Suite 2500	
CITY-ST-ZIP	Seattle WA 98154-1004	
TITLE	V	<input type="checkbox"/> Delete
NAME	Chin, George H.	
STREET ADDRESS	550 Cochituate Road	
CITY-ST-ZIP	Framingham MA 01701-9344	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Clunie, Jeffrey F.	
STREET ADDRESS	550 Cochituate Road	
CITY-ST-ZIP	Framingham MA 01701-9344	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VACANT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Assistant
Secretary

Date

Daytime Phone #

4/24/00

206-695-4700

CR2E034 (9/99)