

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000006274 (3)

1. Corporation Name

PAGE CABLE CORPORATION



Principal Place of Business

Mailing Address

11400 SE 6TH ST., STE. 120
BELLEVUE WA 98004

11400 SE 6TH ST., STE. 120
BELLEVUE WA 98004

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

12/26/1995

4. FEI Number

Applied For

91-1440179

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

NRAJ SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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 for a corporation of the registered agent and the filer (if applicable)

(NOTE: Registered Agent Signature required when terminating)

Date

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE
NAME LIEBSACK, JOSEPH M
STREET ADDRESS 11400 SE 6TH ST., STE. 120
CITY-ST-ZIP BELLEVUE WA 98004

TITLE C ☐ DELETE
NAME LUMRY, RUFUS W
STREET ADDRESS 11400 SE 6TH ST., STE. 120
CITY-ST-ZIP BELLEVUE WA 98004

TITLE DST ☐ DELETE
NAME WEIBLING, DENNIS M
STREET ADDRESS 2320 CARILLON POINT
CITY-ST-ZIP KIRKLAND WA 98033

TITLE D ☐ DELETE
NAME PERRY, WAYNE M
STREET ADDRESS 14224 - 168TH AVE. NE
CITY-ST-ZIP WOODINVILLE WA 98072

TITLE V ☐ DELETE
NAME O'MALLEY, GARY B
STREET ADDRESS 11400 SE 6TH ST., STE. 120
CITY-ST-ZIP BELLEVUE WA 98004

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary O'Malley

CR2E034 (3/96)