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

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State
03-04-1999 90030 025 ***150.00

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DOCUMENT # F96000001231

1. Corporation Name

ESC G.P.I, INC.

Principal Place of Business	Mailing Address
3131 ELLIOTT AVENUE. SUITE 500 SEATTLE WA 98121	3131 ELLIOTT AVENUE. SUITE 500 SEATTLE WA 98121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
03/11/1996

2. Principal Place of Business	21	2a. Mailing Address	26	4. FEI Number 91-1712690	Applied For Not Applicable
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
City & State	23	City & State	28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip	24	Country	25	Zip	29	Country	30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 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 or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE **PCT**	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME **BRANDSTROM, RAYMOND R**		1.2 NAME		
STREET ADDRESS **3131 ELLIOT AVE #500**		1.3 STREET ADDRESS		
CITY-ST-ZIP **SEATTLE WA**		1.4 CITY-ST-ZIP		
TITLE **V**	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME **RUFFO, FRANK A**		2.2 NAME		
STREET ADDRESS **3131 ELLIOT AVE #500**		2.3 STREET ADDRESS		
CITY-ST-ZIP **SEATTLE WA**		2.4 CITY-ST-ZIP		
TITLE **VP**	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME **WITTE, GARY**		3.2 NAME		
STREET ADDRESS **3131 ELLIOT AVE #500**		3.3 STREET ADDRESS		
CITY-ST-ZIP **SEATTLE WA**		3.4 CITY-ST-ZIP		
TITLE **CVP**	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME **BATY, DANIEL R.**		4.2 NAME		
STREET ADDRESS **3131 ELLIOT AVE #500**		4.3 STREET ADDRESS		
CITY-ST-ZIP **SEATTLE WA**		4.4 CITY-ST-ZIP		
TITLE **SVP**	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME **PRICE, KELLY J**		5.2 NAME		
STREET ADDRESS **3131 ELLIOT AVE #500**		5.3 STREET ADDRESS		
CITY-ST-ZIP **SEATTLE WA**		5.4 CITY-ST-ZIP		
TITLE **VP**	☒ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME **BICKFORD, MICHELLE A**		6.2 NAME		
STREET ADDRESS **3131 ELLIOTT AVE SUITE 500**		6.3 STREET ADDRESS		
CITY-ST-ZIP **SEATTLE WA 98121**		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, with all other like empowered.

SIGNATURE: _____ KELLY J. PRICE Vice President of Finance 1-25-99 (206)298-2909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #