

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 16, 2001 08:00 AM****Secretary of State****DOCUMENT # F96000001231**1. Entity Name
ESC G.P.I, INC.**Principal Place of Business**

3131 ELLIOTT AVENUE, SUITE 500

SEATTLE
98121

WA

Mailing Address

3131 ELLIOTT AVENUE, SUITE 500

SEATTLE
98121

WA

2. Principal Place of Business

3131 ELLIOTT AVENUE, SUITE 500

3. Mailing Address

3131 ELLIOTT AVENUE, SUITE 500

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SEATTLE

WA

City & State

SEATTLE

WA

4. FEI Number**91-1712690****Applied For**☐ Not ApplicableZip
98121Country
USZip
98121Country
US**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE
32301
US

FL

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)

07/16/2001

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, 2001 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CVP	<input type="checkbox"/> Delete
NAME	BATY DANIEL R.	
STREET ADDRESS	3131 ELLIOT AVE #500	
CITY-ST-ZIP	SEATTLE WA	
TITLE	PCT	<input type="checkbox"/> Delete
NAME	BRANDSTROM RAYMOND R	
STREET ADDRESS	3131 ELLIOT AVE #500	
CITY-ST-ZIP	SEATTLE WA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURRAY KELLIE S	
STREET ADDRESS	3131 ELLIOTT AVENUE, SUITE 500	
CITY-ST-ZIP	SEATTLE WA 98121	
TITLE	VPO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCANLESS SUZETTE	
STREET ADDRESS	3131 ELLIOTT AVE., SUITE 500	
CITY-ST-ZIP	SEATTLE WA 98121	
TITLE	VPO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUBIK RUSSELL G	
STREET ADDRESS	3131 ELLIOTT AVE., SUITE 500	
CITY-ST-ZIP	SEATTLE WA 98121	
TITLE	VPO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKER GARY S	
STREET ADDRESS	3131 ELLIOT AVE, SUITE 500	
CITY-ST-ZIP	SEATTLE WA 98121	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATY DANIEL RDIR	
STREET ADDRESS	3131 ELLIOT AVE #500	
CITY-ST-ZIP	SEATTLE WA 98121	
TITLE	VPF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDSTROM RAYMOND RDIR	
STREET ADDRESS	3131 ELLIOT AVE #500	
CITY-ST-ZIP	SEATTLE WA 98121	

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: RAYMOND R. BRANDSTROM

VPF

07/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

SUSAN A. SCHERR, VP

**3131 ELLIOT AVENUE, SUITE 500
SEATTLE, WA 98121**

MARTIN D. ROFFE, VPFP

**3131 ELLIOTT AVE., SUITE 500
SEATTLE, WA 98121**