

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000001240 (8)

1. Corporation Name

TMG ASSOCIATES, INC.

Principal Place of Business

95 SOUTH JACKSON, STE 300  
SEATTLE WA 98104

Mailing Address

95 SOUTH JACKSON, STE 300  
SEATTLE WA 98104

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1996

3a. Date of Last Report

4. FEI Number

91-1602773

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 2716 Western Avenue

Suite, Apt. #, etc.

22 City & State

23 Seattle, WA

24 Zip

98121

25 Country

USA

2a. Mailing Address

26 2716 Western Avenue

Suite, Apt. #, etc.

27 City & State

28 Seattle, WA

29 Zip

98121

30 Country

USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE P ☐ DELETE

NAME PETTIT JR, WILLIAM D  
STREET ADDRESS 95 SOUTH JACKSON, STE 300  
CITY-ST-ZIP SEATTLE WA

TITLE VST ☐ DELETE

NAME CARROSINO, JOHN L  
STREET ADDRESS 95 SOUTH JACKSON, STE 300  
CITY-ST-ZIP SEATTLE WA

TITLE D ☐ DELETE

NAME WAGNER III, G C  
STREET ADDRESS 95 SOUTH JACKSON, STE 300  
CITY-ST-ZIP SEATTLE WA

TITLE D ☐ DELETE

NAME WRIGHT, C B  
STREET ADDRESS 95 SOUTH JACKSON, STE 300  
CITY-ST-ZIP SEATTLE WA

TITLE D ☐ DELETE

NAME WEYERHAEUSER, WENDY W  
STREET ADDRESS 95 SOUTH JACKSON, STE 300  
CITY-ST-ZIP SEATTLE WA

TITLE D ☐ DELETE

NAME MEADOWCRAFT, THOMAS H  
STREET ADDRESS 95 SOUTH JACKSON, STE 300  
CITY-ST-ZIP SEATTLE WA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 2716 Western Avenue  
1.4 CITY-ST-ZIP Seattle, WA 98121

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 2716 Western Avenue  
2.4 CITY-ST-ZIP Seattle, WA 98121

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 2716 Western Avenue  
3.4 CITY-ST-ZIP Seattle, WA 98121

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS 2716 Western Avenue  
4.4 CITY-ST-ZIP Seattle, WA 98121

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS 2716 Western Avenue  
5.4 CITY-ST-ZIP Seattle, WA 98121

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS 2716 Western Avenue  
6.4 CITY-ST-ZIP Seattle, WA 98121

14. I do 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:

Signature of Registered Agent

8/12/97

(201) 121-5100

CR2E034 (4/97)