


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90053 044 \*\*\*150.00

<b>DOCUMENT # F96000001240</b>		
1. Entity Name TMG ASSOCIATES, INC.		

Principal Place of Business 1938 FAIRVIEW AVENUE EAST SUITE 300 SEATTLE, WA 98102 US	Mailing Address 925 FOURTH AVENUE 2900 SEATTLE, WA 98104-7078 US
---	---

2. Principal Place of Business	3. Mailing Address 1938 FAIRVIEW AVE EAST
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 300
City & State	City & State SEATTLE, WA
Zip	Country U.S.



01082004 Chg-P CR2E034 (10/03)

4. FEI Number 91-1244924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO PETTIT JR, WILLIAM D 1938 FAIRVIEW AVENUE EAST SEATTLE, WA 98102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WAGNER, C. CORYDON, III 1938 FAIRVIEW AVE E, #300, SEATTLE, WA 98102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC SPEAR, DOUG 1938 FAIRVIEW AVENUE EAST SEATTLE, WA 98102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WRIGHT, C. BAGLEY, JR 1938 FAIRVIEW AVE E, #300, SEATTLE, WA 98102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WRIGHT, CHARLES B. III 1938 FAIRVIEW AVENUE EAST SEATTLE, WA 98102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WEYERHAEUSER, WENDY W. 1938 FAIRVIEW AVE E, #300, SEATTLE, WA 98102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEYERHAEUSER, DAVID M 1938 FAIRVIEW AVE. E. #300 SEATTLE, WA 98102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, PRENTICE B 1938 FAIRVIEW AVENUE EAST SEATTLE, WA 98102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEADOWCROFT, THOMAS H JR 1938 FAIRVIEW AVENUE EAST SEATTLE, WA 98102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS D. SPEAR, SUP/CFO Date: 206-676-5600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #