

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90137 011 \*\*\*150.00

**DOCUMENT # F96000001240**

1. Entity Name  
**TMG ASSOCIATES, INC.**



Principal Place of Business  
**1938 FAIRVIEW AVENUE EAST  
SUITE 300  
SEATTLE WA 98102  
US**

Mailing Address  
**DOROTHY NELSON/PRESTON GATES, ELLIS LLP  
206 576 5608 925 Fourth Ave., Suite 2900  
SEATTLE WA 98104-7078  
US**



2. Principal Place of Business

3. Mailing Address  
**925 Fourth Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**2900**

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State  
**Seattle, WA**

4. FEI Number **91-1244924**

Applied For  
Not Applicable

Zip

Country

Zip  
**98104-7078**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCOO	<input type="checkbox"/> Delete
NAME	PETTIT JR, WILLIAM D	
STREET ADDRESS	1938 FAIRVIEW AVENUE EAST	
CITY-ST-ZIP	SEATTLE WA 98102	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	SPEAR, DOUG	
STREET ADDRESS	1938 FAIRVIEW AVENUE EAST	
CITY-ST-ZIP	SEATTLE WA 98102	
TITLE	CEO, Director	<input type="checkbox"/> Delete
NAME	WRIGHT, CHARLES B III	
STREET ADDRESS	1938 FAIRVIEW AVENUE EAST	
CITY-ST-ZIP	SEATTLE WA 98102	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RYMAN, MERRILL W	
STREET ADDRESS	1938 FAIRVIEW AVENUE EAST	
CITY-ST-ZIP	SEATTLE WA 98102	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, PRENTICE B	
STREET ADDRESS	1938 FAIRVIEW AVENUE EAST	
CITY-ST-ZIP	SEATTLE WA 98102	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEADOWCROFT, THOMAS H JR	
STREET ADDRESS	1938 FAIRVIEW AVENUE EAST	
CITY-ST-ZIP	SEATTLE WA 98102	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wagner, C. Corydon, III	
STREET ADDRESS	1938 Fairview Ave. E., #300, Seattle, WA	
CITY-ST-ZIP	98102	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wright, C. Bagley, Jr.	
STREET ADDRESS	1938 Fairview Ave. E., #300, Seattle, WA	
CITY-ST-ZIP	98102	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weyerhaeuser, Wendy W.	
STREET ADDRESS	1938 Fairview Ave. E., #300	
CITY-ST-ZIP	Seattle, WA 98102	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weyerhaeuser, David M.	
STREET ADDRESS	1938 Fairview Ave. E., #300	
CITY-ST-ZIP	Seattle, WA 98102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED** Douglas D. Spear, Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-30-03** Daytime Phone # **206-576-5608**

CR2E034 (10/02)