

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

FILED
Jan 29, 1999 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-29-1999 90062 050 ****150.00

DOCUMENT # **F96000002277**

1. Corporation Name
PAKHOED DISTRIBUTION CORPORATION



Principal Place of Business Mailing Address
 P.O. BOX 34325 P.O. BOX 34325
 SEATTLE WA 98124-1325 SEATTLE WA 98124-1325

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
05/06/1996

4. FEI Number **91-0816142** 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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

12. OFFICERS AND DIRECTORS	
TITLE	PCOD <input type="checkbox"/> DELETE
NAME	HOUGH, PAUL H
STREET ADDRESS	6100 CARILLON POINT
CITY-ST-ZIP	KIRKLAND WA
TITLE	SRV <input type="checkbox"/> DELETE
NAME	BUTLER, WILLIAM A
STREET ADDRESS	6100 CARILLON POINT
CITY-ST-ZIP	KIRKLAND WA 98033
TITLE	SRV <input type="checkbox"/> DELETE
NAME	PRUITT, GARY E
STREET ADDRESS	6100 CARILLON PTE
CITY-ST-ZIP	KIRKLAND WA
TITLE	T <input type="checkbox"/> DELETE
NAME	MIRABELLI, FRANK J
STREET ADDRESS	6100 CARILLON POINT
CITY-ST-ZIP	KIRKLAND WA 98033
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	PCOD
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	6100 CARILLON POINT
CITY-ST-ZIP	KIRKLAND WA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	91-0816142
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 _____ SIGNATURE REQUIRED _____ 1/12/99 (425) 889-3733
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)