

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

APPROVED
AND
FILED

1997 JUN -9 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002352

1. Corporation Name

TRIAD DEVELOPMENT, INC. doing business in
Florida as TRIAD DEVELOPMENT OF WASHINGTON, INC.

Principal Place of Business

2815 Alaskan Way
Suite 228
Seattle, WA 98121

Mailing Address

same

3. Date Incorporated or Qualified

05/09/96

3a. Date of Last Report

N/A

2. Principal Place of Business

21 2815 Alaskan Way

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 228

27

City & State

23 Seattle, WA

City & State

28

Zip

24 98121

Country

25 USA

Zip

29

Country

30

4. FEI Number

91-1264678

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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	Chairman	<input type="checkbox"/> DELETE
NAME	John A. Goodman	
STREET ADDRESS	2815 Alaskan Way, Suite 228	
CITY-ST-ZIP	Seattle, WA 98121	

TITLE	President	<input type="checkbox"/> DELETE
NAME	John A. Goodman	
STREET ADDRESS	2815 Alaskan Way, Suite 228	
CITY-ST-ZIP	Seattle, WA 98121	

TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	John Comick	
STREET ADDRESS	2815 Alaskan Way, Suite 228	
CITY-ST-ZIP	Seattle, WA 98121	

TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Frederick W. Grimm	
STREET ADDRESS	2815 Alaskan Way, Suite 228	
CITY-ST-ZIP	Seattle, WA 98121	

TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Frederick W. Grimm	
STREET ADDRESS	2815 Alaskan Way, Suite 228	
CITY-ST-ZIP	Seattle, WA 98121	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

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-06/10/97-01003-006
****165.00

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 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:  Frederick W. Grimm Sec/Treas 206-374-0414

CR2E034 (9/96)