

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002352

1. Entity Name

TRIAD DEVELOPMENT OF WASHINGTON, INC.

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90047 013 \*\*\*158.75

Principal Place of Business

2815 ALASKAN WAY  
SUITE 228  
SEATTLE WA 98121

Mailing Address

2815 ALASKAN WAY  
SUITE 228  
SEATTLE WA 98121

2. Principal Place of Business

2801 Alaskan Way  
Suite, Apt. #, etc.  
\*107

3. Mailing Address

2801 Alaskan Way  
Suite, Apt. #, etc.  
\*107

City & State

Seattle, WA

City & State

Seattle, WA

Zip

Country

98121

Zip

Country

98121

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GOODMAN, JOHN A  
CITY-ST-ZIP 2815 ALASKAN WAY., STE 228  
SEATTLE WA 98121

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS SCHELLING, LEISL  
CITY-ST-ZIP 2815 ALASKAN WAY., STE 228  
SEATTLE WA 98121

TITLE ☐ Delete  
NAME PSTD  
STREET ADDRESS GRIMM, FREDERICK W  
CITY-ST-ZIP 2815 ALASKAN WAY., STE 228  
SEATTLE WA 98121

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2801 Alaskan Way #107  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2801 Alaskan Way #107  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2801 Alaskan Way #107  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LSchelling, VP

4/23/01 (206) 344-0414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)