

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90062 008 \*\*\*150.00

**DOCUMENT # F96000003699**

1. Corporation Name  
**KIBBLE & PRENTICE, INC.**

Principal Place of Business  
**600 STEWART ST #1000  
SEATTLE WA 98101**

Mailing Address  
**600 STEWART ST #1000  
SEATTLE WA 98101**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/22/1996**

4. FEI Number  
**91-0885593**

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

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 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DCP  
KIBBLE, EDWARD B  
600 STEWART ST #1000  
SEATTLE WA 98101**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DCV  
PRENTICE, ARLEN I  
600 STEWART ST #1000  
SEATTLE WA 98101**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
STAURT, F CRAIG  
600 STEWART ST #1000  
SEATTLE WA 98101**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
COWLES, DALE L  
600 STEWART ST #1000  
SEATTLE WA 98101**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DELET  
[REDACTED]  
[REDACTED]  
[REDACTED]**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**206 441 6300**

CR2E034 (11/98)