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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000004475 (7)

B.C. INVESTMENT CORP. OF WASHINGTON

P.O. BOX K BELLINGHAM WA 98227		P.O. BOX K Bellingham wa 98227-0300						
					3. Date Incorporated or Qualified 06/30/1996	3a. Date of	Last Report	
2. Principal P	2a. Mailing Address	Address		4. FEI Number		Applied For		
21		26		91-1293851 Not Applicab		Not Applicable		
Suite, Apt #, etc		Suite, Apt. #, etc.	 		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State	28		Election Campaign Financing Trust Fund Contribution	ng \$5.00 May Be Added to Fees		
Zip 24	Gountry 25	Z(p 29	Country 30	Florida Statutes Yes No				
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent 81 Name				
COMMANDER, CHARLES E				Name				
%FOLEY & LARDNER 200 LAURA STREET			82	Street Add	lress (P.O. Box Number is Not Acceptab	le)		
JACI	KSONVILLE FL 32208-3527		B3					
			84	City		FL 85	Zip Code	
11. Pursuant office or ragent. La	to the provisions of Sections 607.0 egistered agent, or both, in the Sta im familiar with, and accept the obl	502 and 607.1508, Florida Statu ate of Florida. Such change was ligations of, Section 607.0505, F	tes, the above authorized by lorida Statute	e-named corp the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of cha t the appointn	nging its registered nent as registered	
SIGNATURE								
	Signature, typed or printed name of registered a			ent signature requi	ired when reinstating)	DATE	F07000 W. 40	
12.	PCD OFFICERS A	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC		Change Addition	
TITLE	GAASLAND, PETER A	□ nereie	1.1 TITLE			۱ ليا	Juange L' Modulou	
NAME !	5477 CANVASBACK ROAD		1.2 NAME					
STREET ADDRESS	BLAINE WA		1.3 STREET	- 1				
CHTY-SI-ZIP	STD STD	DELETE	1.4 CITY - S	T-ZIP			Change Addition	
TITLE	GAASLAND, SUSAN G	ביין סנננונ	2.1 TITLE				Suggide [73 Vogition	
NAME	5477 CANVASBACK ROAD		2.2 NAME	. LONDECC			ļ	
STREET ADDRESS	BLAINE WA		2.3 STREET	-				
CITY - ST - ZIP TITLE	DOMINE WA	DELETE	2 4 CITY- 31 TITLE	S1-ZIP			Change Addition	
NAME	MCNAMARA, GREGORY S	the state of	3.2 NAME			. السبب		
STREET ADDRESS	2207 36TH STREET		3 3 STREET	ADDRESS]	
CITY-S1-ZIP	BELLINGHAM WA		3.4. CITY	1				
TITLE	V	DELETE	4.1 TITLE	21-14	· · · · · · · · · · · · · · · · · · ·		Change Addition	
NAME	STERNHAGEN, ROBERT J		4. 2 NAME	1				
STREET ADDRESS	1833 MT BAKER HWY		4.3 STREET	ADDRESS				
City-St-ZiP	BELLINGHAM WA		4.4 CITY-5					
TITLE		DELETE	5.1 TITLE				Change Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-5	1				
TITLE		☐ DELETE	6.1 TITLE				Change Addition	
NAME			6.2 NAME					
STREET ADORESS			6.3 STREET	ADDRESS				
CITY-ST ZIF			6.4 CITY - 5					

14. I do horeby certify that the information supplied with this filling 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 supplymental actual 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 ecciver if trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name