2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF MRECTOR
Daniel S. Grausz, Secretary

<u>Daniel S.</u>

Secretary

FILED DOCUMENT # **F96000006568** Feb 23, 2000 8:00 am **Secretary of State** WORLDWIDE SHORE SERVICES INC. 02-23-2000 90002 020 ***150.00 Principal Place of Business Mailing Address 300 ELLIOTT AVE W. 300 ELLIOTT AVE W. SEATTLE WA 98119-4198 SEATTLE WA 98119 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 91-1741335 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Vice President XX Addition Change PDCE ☐ Delete TITLE TITLE LANTERMAN, A K NAME Matthew Sams NAME STREET ADDRESS 1000 S. Federal Hwy, #101 STREET ADDRESS 300 ELLIOTT AVE W. CITY-ST-ZIP CITY-ST-7IP SEATTLE WA 98119 Ft. Lauderdale, FL 33316 Change Addition Delete TITLE TITLE BARR, GORDON NAME NAME STREET ADDRESS STREET ADDRESS 300 ELLIOTT AVE W. CITY-ST-ZIP CITY-ST-ZIP SEATTLE WA 98119 Change ☐ Addition VTSD ☐ Delete TITLE TITLE NAME CALKINS, LARRY NAME STREET ADDRESS STREET ADDRESS 300 ELLIOTT AVE W. CITY-ST-ZIP CITY-ST-ZIP SEATTLE WA 98119 Change ☐ Addition VSD ☐ Delete TITLE NAME GRAUSZ, DANIEL S NAME STREET ADDRESS STREET ADDRESS 300 ELLIOTT AVE W. CITY-ST-ZIP CITY-ST-ZIP SEATTLE WA 98119 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

1/6/00

206-286-3491

Daytime Phone #