

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006568

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: WORLDWIDE SHORE SERVICES INC.

## Current Principal Place of Business:

300 ELLIOTT AVE W.  
SEATTLE, WA 98119

## New Principal Place of Business:

## Current Mailing Address:

300 ELLIOTT AVE W.  
C/O LEGAL DEPARTMENT  
SEATTLE, WA 98119

## New Mailing Address:

300 ELLIOTT AVE W.  
SEATTLE, WA 98119

FEI Number: 91-1741335

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CCPD ( ) Delete  
Name: KRUSE, STEIN  
Address: 300 ELLIOTT AVE W.  
City-St-Zip: SEATTLE, WA 98119

Title: SVP ( ) Delete  
Name: GRAUSZ, DANIEL  
Address: 300 ELLIOTT AVE W.  
City-St-Zip: SEATTLE, WA 98119

Title: VPD ( ) Delete  
Name: CLARK, KELLY W  
Address: 300 ELLIOTT AVE W.  
City-St-Zip: SEATTLE, WA 98119

Title: VP ( ) Delete  
Name: SAMS, MATTHEW  
Address: PO BOX 13135  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VPTD ( ) Delete  
Name: CALKINS, LARRY D  
Address: 300 ELLIOTT AVE W  
City-St-Zip: SEATTLE, WA 981149

Title: VP ( ) Delete  
Name: BEAGLE, DAVID  
Address: 300 ELLIOTT AVE W  
City-St-Zip: SEATTLE, WA 98119

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY W CLARK

VPD

04/24/2009

Electronic Signature of Signing Officer or Director

Date