FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 30, 2002 8:00 am DOCUMENT # F96676 Secretary of State 1. Entity Name 01-30-2002 90119 045 \*\*\*150.00 MILLER - PATE, INC. Principal Place of Business Mailing Address 7726 E. GREEN LAKE DR. N 7726 E. GREEN LAKE DR. N SEATTLE WA 98103 SEATTLE WA 98103 2. Principal Place of Business 3. Mailing Address 405 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2219387 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U.S. A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FENSKE STEINMETZ, MARY J Street Address (P.O. Box Number is Not Acceptable) 9359 COUNTY ROAD 125B WILDWOOD FL 34785 City 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) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition Miller-Yato NAME MILLER-PATE, MARJO NAME 2330 43rd. Ave. Bast STREET ADDRESS STREET ADDRESS 7726 EAST GREEN LAKE DRIVE NORTH CITY-ST-ZIP CITY-ST-ZIP SEATTLE WA 98103 eattle WA ☐ Addition ☐ Delete TITLE Change TITLE VTD NAME NAME PATE, EBB W. STREET ADORESS STREET ADDRESS 7726 EAST GREEN LAKE DRIVE NORTH CITY-ST-7IP CITY-ST-ZIP SEATTLE WA 98103 TITLE ☐ Delete TITLE . Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: Masignific Properties Company Miller Pate January 14, 200