

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

DOCUMENT # F97000001791

1. Corporation Name

ROSEMONT & ASSOCIATES, INC.

Principal Place of Business

1000 SECOND AVENUE, SUITE 3950
SEATTLE WA 98104

Mailing Address

1000 SECOND AVENUE, SUITE 3300
SEATTLE WA 98104
300 S. WALKER DR.
CHICAGO IL 60606

2. Principal Place of Business

N/A
Suite, Apt. #, etc

City & State

Zip

Country

2a. Mailing Address

N/A
Suite, Apt. #, etc

City & State

Zip

Country

9. Name and Address of Current Registered Agent

VAN NOTE, GERHART
900 WINDERLY PLACE #126
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1997

4. FEI Number

95-4223103

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

XX Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

N/A

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

TITLE PC PRESIDENT ☐ DELETE

NAME ROSEMONT, ROBERT N
STREET ADDRESS 865 S FIGUEROA ST., #1475
CITY-STATE-ZIP LOS ANGELES CA 90017

TITLE SD VICE PRESIDENT ☐ DELETE

NAME ROSEMONT, ROBERT S
STREET ADDRESS 1000 SECOND AVENUE #3950
CITY-STATE-ZIP SEATTLE WA 98104

TITLE T ☒ DELETE

NAME HIGHTOWER, RICHARD J
STREET ADDRESS 424 CHURCH ST. #2910
CITY-STATE-ZIP NASHVILLE TN

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

EXECUTIVE VP
KEITH W. REEVES
6480 ROCKSIDE WOODS BLVD, SUITE 330
INDEPENDENCE, OHIO 44131

SECRETARY
BARBARA A. RUTIGLIANO
6480 ROCKSIDE WOODS BLVD, SUITE 330
INDEPENDENCE, OHIO 44131

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert N. Rosemont

3-1-99

206 233-8182

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