2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F97000002145 Apr 10, 2000 8:00 am Secretary of State METWEST MORTGAGE SERVICES, INC. 04-10-2000 90089 034 ***150.00 Mailing Address Principal Place of Business 929 W. SPRAGUE AVENUE 929 W. SPRAGUE AVENUE SPOKANE WA 99201-4014 SPOKANE WA 99204 3. Mailing Address 2. Principal Place of Business 601 W. lst Avenue 601 W. lst Avenue DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 91-0651835 Not Applicable Spokane, WA <u>Spokane, WA</u> Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 99201-5015 99201-5015 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees \mathbf{Z} (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. ☐ Addition X Change PCD Delete TITLE TITLE SANDIFUR JR, C P NAME NAME STREET ADDRESS STREET ADDRESS 929 W. SPRAGUE AVE 601 W. 1st Avenue CITY-ST-ZIP CITY-ST-ZIP SPOKANE WA 99201 Spokane, WA 99201-5015 X Delete X Change ☐ Addition TITLE TITLE NAME **BLOHOWIAK. BRUCE J** Michael A. Kirk STREET ADDRESS STREET ADDRESS 929 W. SPRAGUE AVE 601 W. 1st Avenue CITY-ST-7IP CITY-ST-ZIP SPOKANE WA 99201 <u> Spokane, WA 99201-5015</u> Change ■ Addition TITLE TITLE ☐ Delete NAME NAME SWANSON, REUEL J STREET ADDRESS 601 W. 1st Avenue STREET ADDRESS 929 W. SPRAGUE AVE CITY-ST-ZIP CITY-ST-ZIP Spokane, WA 99201-5015 SPOKANE WA 99201 🛚 Delete XI Change Addition TITLE TITI F NAME MCCREARY, JON NAME Reuel Swanson STREET ADDRESS STREET ADDRESS 929 W. SPRAGUE AVE 601 W. 1st Avenue CITY-ST-ZIP CITY-ST-ZIP <u> Spokane, WA 99201-5015</u> SPOKANE WA 99201 ☐ Addition ☐ Change TITLE X Delete TITLE NAME MARCUS, IRV NAME STREET ADDRESS STREET ADDRESS **SOUTH 2212 BLAKE ROAD** CITY-ST-ZIP CITY-ST-ZIP SPOKANE WA □ Change ☐ Addition TITLE X Delete TITLE NAME MILLER, LEE NAME STREET ADDRESS STREET ADDRESS 929 W. SPRAGUE AVE CITY-ST-ZIP CITY-ST-ZIP SPOKANE WA 99201 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Swanson

838-3111

, with abother like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address

SIGNATURE: