

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003661

1. Entity Name

NORTH AMERICAN CONTRACT EMPLOYEE SERVICES COMPAN

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90071 037 \*\*\*150.00

Principal Place of Business

Mailing Address

3633 136TH PLACE SE., STE 300  
BELLEVUE WA 98006

3633 136TH PLACE SE., STE 300  
BELLEVUE WA 98006-1451



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1180 NW Maple Street

Suite, Apt. #, etc.  
Suite 200

City & State

Issaquah, WA

Zip  
98027

Country  
USA

3. Mailing Address

1180 NW Maple Street

Suite, Apt. #, etc.  
Suite 200

City & State

Issaquah, WA

Zip  
98027

Country  
USA

4. FEI Number

91-1358805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HARDY, GERALD-S	
STREET ADDRESS	7180 SW FIR LOOP #200	
CITY-ST-ZIP	TIGARD OR	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEMASTER, KIMBERLEY	
STREET ADDRESS	3633 136TH PL SE, STE 300	
CITY-ST-ZIP	BELLEVUE WA 98006	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SKINNER, STEVEN R	
STREET ADDRESS	3633 136TH PLACE SE, STE 300	
CITY-ST-ZIP	BELLEVUE WA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SELIGER, KENNETH	
STREET ADDRESS	3633 136TH PL SE, STE 300	
CITY-ST-ZIP	BELLEVUE WA 98006	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	FREEBOURN JR, HARRISON J	
STREET ADDRESS	40 EAST BROADWAY	
CITY-ST-ZIP	BUTTE MT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth H. Seliger	
STREET ADDRESS	1180 NW Maple Street, Ste 200	
CITY-ST-ZIP	Issaquah, WA 98027	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kim LeMaster	
STREET ADDRESS	1180 NW Maple Street, Ste 200	
CITY-ST-ZIP	Issaquah, WA 98027	
TITLE	VP, CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stuart Neale	
STREET ADDRESS	1180 NW Maple Street, Ste 200	
CITY-ST-ZIP	Issaquah, WA 98027	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1180 NW Maple Street, Ste 200	
CITY-ST-ZIP	Issaquah, WA 98027	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/2000 425-961-4700

Date

Daytime Phone #

CR2E034 (9/99)