

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 16, 1999 8:00 am**  
**Secretary of State**

09-16-1999 90013 002 \*\*\*550.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000003769**

1. Corporation Name

**COFFMAN ENGINEERS, INC.**

Principal Place of Business  
**1601 FIFTH AVE., STE. 900  
SEATTLE WA 98101**

Mailing Address  
**1601 FIFTH AVE., STE. 900  
SEATTLE WA 98101**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/18/1997</b>	
21		26		4. FEI Number <b>NOT APPLICABLE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Zip	25	Country		
29	Zip	30	Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	
NAME	COFFMAN, DAVID L	1.2 NAME	
STREET ADDRESS	1601 FIFTH AVE., STE. 900	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA 98101	1.4 CITY-ST-ZIP	
TITLE	SV	2.1 TITLE	
NAME	MOHR, SCOTT L	2.2 NAME	
STREET ADDRESS	1601 FIFTH AVE., STE. 900	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA 98101	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	HOLLIS, HAROLD	3.2 NAME	
STREET ADDRESS	800 F STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANCHORAGE AK 99501	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	IVERSON, DONALD	4.2 NAME	
STREET ADDRESS	800 F STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANCHORAGE AK 99501	4.4 CITY-ST-ZIP	
TITLE	CFOT	5.1 TITLE	
NAME	PIERMATTEI, PATRICK J	5.2 NAME	
STREET ADDRESS	1601 FIFTH AVE., STE. 900	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA 98101	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	BROCK, JOE P	6.2 NAME	
STREET ADDRESS	1601 FIFTH AVE., STE. 900	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA 98101	6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/13/99 206-623-0717

CR2E034 (5/99)