

FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90505 037 ***150.00

DOCUMENT # F97000003769

1. Entity Name

COFFMAN ENGINEERS, INC.

DO NOT WRITE IN THIS SPACE

90099664

2. Principal Place of Business
1601 FIFTH AVENUE

Suite, Apt. #, etc.

SUITE 900

City & State

SEATTLE, WASHINGTON

Zip

98117

Country

US

3. Mailing Address

1601 FIFTH AVENUE

Suite, Apt. #, etc.

SUITE 900

City & State

SEATTLE, WASHINGTON

Zip

98117

Country

US

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4. FEI Number

91-1053429

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

C T CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME COFFMAN, DAVID L
STREET ADDRESS 1601 FIFTH AVENUE, STE. 900
CITY - ST - ZIP SEATTLE, WASHINGTON 98101

TITLE S
NAME MOHR, SCOTT L
STREET ADDRESS 1601 FIFTH AVENUE, STE. 900
CITY - ST - ZIP SEATTLE, WASHINGTON 98101

TITLE V
NAME HOLLIS, HAROLD
STREET ADDRESS 1601 FIFTH AVENUE, STE. 900
CITY - ST - ZIP SEATTLE, WASHINGTON 98101

TITLE D
NAME CRAIG LEE
STREET ADDRESS 1601 FIFTH AVENUE, STE. 900
CITY - ST - ZIP SEATTLE, WASHINGTON 98101

TITLE T
NAME PIERMATTEI, PATRICK J
STREET ADDRESS 1601 FIFTH AVENUE, STE. 900
CITY - ST - ZIP SEATTLE, WASHINGTON 98101

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)