

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90149 038 \*\*\*150.00

**DOCUMENT # F98000001240**

1. Entity Name

**SHELTER RESOURCES, INC.**

Principal Place of Business

**1200 - 112TH AVENUE NE  
SUITE C-180  
BELLEVUE WA 98004**

Mailing Address

**1200 - 112TH AVENUE NE  
SUITE C-180  
BELLEVUE WA 98004**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1200 112th Ave. NE**

3. Mailing Address

**1200 112th Ave. NE**Suite, Apt. #, etc.  
**Suite C 163**Suite, Apt. #, etc.  
**Suite C 163**City & State  
**Bellevue, WA**City & State  
**Bellevue, WA**

4. FEI Number

**91-1088999**

Applied For

Not Applicable

Zip  
**98004**Country  
**USA**Zip  
**98004**Country  
**USA**5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****WOLFE, LEON J  
100 SE SECOND ST., STE 3500  
MIAMI FL 33131-2130****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, 2002 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
BRANNEN, LEN  
1200 112TH AVENUE NE, C-180  
BELEVUE WA** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
Brannen, Len  
1200 112th Ave. NE Suite C 163  
Bellevue, WA 98004** ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President  
McCuster, Kathleen C.  
1200 112th Ave. NE Suite C 163  
Bellevue, WA 98004** ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

425-454-8205

CR2E034 (9/01)