

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90351 045 \*\*\*150.00

**DOCUMENT # F98000001584**

1. Entity Name  
**CLYDE CORPORATION**

Principal Place of Business

2600 NE ANDERSON RD  
 VANCOUVER WA 98661  
 US

Mailing Address

1211 SW FIFTH AVE  
 SUITE 1500  
 PORTLAND OR 97204  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*24 Cathedral Place*

Suite, Apt. #, etc.

*ste. 501*

City & State

*St. Augustine, FL*

Zip

*32084*

Country

*USA*

3. Mailing Address

*24 Cathedral Place*

Suite, Apt. #, etc.

*ste. 501*

City & State

*St. Augustine, FL*

Zip

*32084*

Country

*USA*

4. FEI Number **49-1259688**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  Delete  
**PCD GARDENSWARTZ, WAYNE**  
 STREET ADDRESS **600 17TH STREET, STE 300**  
 CITY-ST-ZIP **DENVER CO**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**SD SUBER, CYNTHIA A**  
 STREET ADDRESS **600 17TH STREET, STE 300**  
 CITY-ST-ZIP **DENVER CO**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**PD PETERSON, JIM**  
 STREET ADDRESS **2600 NE ANDRESEN ROAD**  
 CITY-ST-ZIP **VANCOUVER WA 98661**

TITLE NAME  Change  Addition  
**D**  
**Frederick J. Wainio, Jr.**  
**100 Southpark Blvd. #414**  
**ST. AUGUSTINE, FL 32086**

TITLE NAME  Delete  
**D DUNNING, ROSS**  
 STREET ADDRESS **12 BOUNDARY STREET**  
 CITY-ST-ZIP **SOUTH BRISBANE AUSTRALIA**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**TSD HERTEL, MYRON J**  
 STREET ADDRESS **2600 NE ANDRESEN RD**  
 CITY-ST-ZIP **VANCOUVER WA 98661**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 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 empowered.

SIGNATURE:

*Frederick J. Wainio Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Dir. 2-21-01 904-829-9075*

CR2E034 (10/00)