

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000001965

1. Corporation Name

THE CONTINENTAL ALLIANCE, INC.

Principal Place of Business

4700 CARILLON POINT
KIRKLAND WA 98033

Mailing Address

4700 CARILLON POINT
KIRKLAND WA 98033

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90042 024 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1998

4. FEI Number

91-1010031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75. Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 969

22 Suite, Apt. #, etc.

23 City & State
28 Kirkland, WA

24 Zip Country
25 98083-0969 30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

TITLE ☐ DELETE

NAME
P
ROSVAL, PETER C
STREET ADDRESS
4700 CARILLON POINT
CITY-ST-ZIP
KIRKLAND WA 98033

TITLE ☐ DELETE

NAME
V
GEORGE, HOWARD L
STREET ADDRESS
4700 CARILLON POINT
CITY-ST-ZIP
KIRKLAND WA 98033

TITLE ☐ DELETE

NAME
S
MARTIN, LORI J
STREET ADDRESS
4700 CARILLON POINT
CITY-ST-ZIP
KIRKLAND WA 98033

TITLE ☐ DELETE

NAME
T
KALBFLEISCH, DORRISE
STREET ADDRESS
4700 CARILLON POINT
CITY-ST-ZIP
KIRKLAND WA 98033

TITLE ☐ DELETE

NAME
D
BEFFA, TIMOTHY G
STREET ADDRESS
390 SOUTH WOODSMILL ROAD SUITE 150
CITY-ST-ZIP
CHESTERFIELD MO 63017

TITLE ☒ DELETE

NAME
D
KING, DAVID E
STREET ADDRESS
101 EAST 52ND STREET 31ST FLOOR
CITY-ST-ZIP
NEW YORK NY 10022

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Position Vacant

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

390 South Woods Mill Road, Suite 350

St. Louis, MO 63017

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard L. George 2/1/99

(425) 822-8200

Date

Daytime Phone #

CR2E034 (1/98)