2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002215

1. Entity Name
ER SOLUTIONS, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 16 PM 5:13

Principal Place of Business	Mailing Address
500 S.W. 7TH STREET, STE. A-100 RENTON WA 98055-2983	P.O. BOX 9004 RENTON WA 98057-9004

REINSTATEMENT 01

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 91-0877012 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 BRIAN COURTNEY, ASST. V.P. 10-25-01
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 $550.00
After September 12, 2001 Fee will be $750.00
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 / STREET ADDRESS / CITY-ST-ZIP	CP ALTMAN, E.A. 500 S.W. 7TH STREET, STE. A-100 RENTON WA 98055-2983	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600004658286--6 -10/30/01--01006--018 ****758.75 ****~~750.00~~ 758.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST KREISS, DAVID 500 S.W. 7TH STREET, STE. A-100 RENTON WA 98055-2983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T KREISS, DAVID SIX CONSOURSE PKY, SUITE 2920 ATLANTA, GA 30328 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARRISON, KITCHEN 500 S.W. 7TH STREET, STE. A-100 RENTON WA 98055-2983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KITCHEN, GARRISON TWELVE PIEDMONT CENTER, SUITE 210 ATLANTA, GA 30305 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAVEY, RICHARD JR. 500 S.W. 7TH STREET, STE. A-100 RENTON WA 98055-2983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAVEY, RICHARD JR. 12 PIEDMONT CENTER, SUITE 210 ATLANTA, GA 30305 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUNTER, STEVEN J 500 S.W. 7TH STREET, STE. A-100 RENTON WA 98055-2983	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HUNTER, STEVEN J 500 SW 7TH STREET #A100 RENTON, WA 98055-2983 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / 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] [illegible] 09/24/01 (425) 562-9717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CR2E034 (5/01)