2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State
02-21-2001 90010 018 ***150.00

DOCUMENT # F98000002259

1. Entity Name

OLYMPIC CASCADE FINANCIAL CORPORATION

Principal Place of Business	Mailing Address
875 N. MICHIGAN AVE. #1560 CHICAGO IL 60611 US	875 N. MICHIGAN AVE. #1560 CHICAGO IL 60611 US

922333

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 26-4128138 ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / STREET ADDRESS / CITY-ST-ZIP	CEOD ROTHSTEIN, STEVEN A 2737 ILLINOIS RD. WILMETTE IL 60091	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Mark Goldwasser 120 Broadway 28th Floor New York, NY 10271	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOLLACK, ROBERT I 2305 EVERGREEN PT. ROAD BELLEVUE WA 98004	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D.S. Patel-Director 2350 E. Lunt Ave Elk Grove Village, IL 60062	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ROSENBERG, GARY A 1427 NORTH STATE PKWY. CHICAGO IL 60610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DASKAL, ROBERT H 875 N. DEARBORN ST. APT. 20J CHICAGO IL 60610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO WILLIAMS, DAVID 1001 4TH AVE STE 2200 SEATLLE WA 98154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	James Holcomb, Jr. Director 5910 N Central Expressway Dallas, TX 75225	☐ Change ☒ Addition

CR2E034 (10/00)

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: _____ 2/7/01 206 622 7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #