FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90241 036 ***150.00

DOCUMENT # F98000002259

1. Entity Name
OLYMPIC CASCADE FINANCIAL CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
875 N MICHIGAN AVE	875 N. MICHIGAN AVE.
Suite, Apt. #, etc. 1560	Suite, Apt. #, etc. 1560
City & State CHICAGO, IL	City & State CHICAGO, IL
Zip 60611 Country USA	Zip 60611 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4128138 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

City PLANTATION FL Zip Code 33324

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	SEE SCHEDULE ATTACHED	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert H. Daskal ROBERT H. DASKAL 04-23-02 312-751-8833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
DOC# F98000022597/650165

Olympic Cascade Financial Corporation

State of Florida
Uniform Business Report (UBR)

11. Names and Addresses of Officers and Directors:

Office Held	Name	Number & Street	City, State & Zip Code
President and Director	Mark Goldwasser	120 Broadway, 27th Floor	New York, NY 10271
Acting Secretary	Robert H. Daskal	875 North Michigan Avenue Suite 1560	Chicago, IL 60611
Director	Steven B. Sands	90 Park Avenue, 39th Floor	New York, NY 10016
Director	Martin S. Sands	90 Park Avenue, 39th Floor	New York, NY 10016
Director	Peter Rettman	1001 Fourth Avenue 22nd Floor	Seattle, WA 98199
Director	Robert J. Rosan	50 East 42nd Street, Suite 510	New York, NY 10017
Director	Gary A. Rosenberg	676 North Michigan Avenue Suite 3660	Chicago, IL 60611