

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000002545**

1. Entity Name

TVI, INC.**FILED****Apr 03, 2001 8:00 am**
Secretary of State

04-03-2001 90111 020 ***150.00

Principal Place of Business

**11400 SE 6TH ST.
#220
BELLEVUE WA 98004**

Mailing Address

**11400 SE 6TH ST.
#220
BELLEVUE WA 98004**

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 **91-1255756**

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

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 **DC** ☒ Delete
NAME **ELLISON, WILLIAM O**
STREET ADDRESS **9441 LAKE WASHINGTON BLVD., N.E.**
CITY-ST-ZIP **BELLEVUE WA 98004**TITLE **P/D** ☐ Change ☒ Addition
NAME **GARY WHITE**
STREET ADDRESS **11400 SE SIXTH ST., #220**
CITY-ST-ZIP **BELLEVUE, WA 98004**TITLE **PDC** ☐ Delete
NAME **ELLISON, THOMAS A**
STREET ADDRESS **5666 PLEASURE POINT LANE**
CITY-ST-ZIP **BELLEVUE WA 98006**TITLE **V** ☐ Change ☒ Addition
NAME **DENNIS MCGILL**
STREET ADDRESS **11400 SE SIXTH ST. #220**
CITY-ST-ZIP **BELLEVUE, WA 98004**TITLE **VD** ☒ Delete
NAME **BACON, JOHN E**
STREET ADDRESS **318 OVERLAKE DR., E.**
CITY-ST-ZIP **MEDINA WA 98039**TITLE **C/D** ☒ Change ☐ Addition
NAME **THOMAS A. ELLISON**
STREET ADDRESS **5666 PLEASURE POINT LANE**
CITY-ST-ZIP **BELLEVUE, WA 98006**TITLE **V** ☐ Delete
NAME **BLOMQUIST, C S**
STREET ADDRESS **6518 204TH DR., N.E.**
CITY-ST-ZIP **REDMOND WA 98053**TITLE **V/T/S** ☒ Change ☐ Addition
NAME **MICHAEL V. GRIFFITH**
STREET ADDRESS **229 W. LAKE SAMMAMISH PKWY SE**
CITY-ST-ZIP **BELLEVUE, WA 98009**TITLE **V** ☐ Delete
NAME **BACON, MICHAEL H**
STREET ADDRESS **8436 NE 21ST ST.**
CITY-ST-ZIP **BELLEVUE WA 98054**TITLE **D** ☐ Change ☒ Addition
NAME **KEVIN CALLAGHAN**
STREET ADDRESS **11400 SE SIXTH ST., #220**
CITY-ST-ZIP **BELLEVUE, WA 98009**TITLE **VT** ☐ Delete
NAME **GRIFFITH, MICHAEL V**
STREET ADDRESS **229 W. LAKE SAMMAMISH PKWY., S.E.**
CITY-ST-ZIP **BELLEVUE WA 98009**TITLE **D** ☐ Change ☒ Addition
NAME **CHRISTOPHER CLIFFORD**
STREET ADDRESS **11400 SE SIXTH ST., #220**
CITY-ST-ZIP **BELLEVUE, WA 98009**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01

Date

425-462-1515

Daytime Phone #

CR2E034 (10/00)

TVI, INC.
DOCUMENT #F98000002545
ATTACHMENT TO 2001 UNIFORM BUSINESS REPORT

130024481

Block 11, Deletions to Existing Officers and Directors:

	Officers & Directors	Delete
Title Name Street Address City-St-Zip	D Sue Ellison 101 - 101 st S.E., #101A Bellevue, WA 98004	X
Title Name Street Address City-St-Zip	D Walter A. Scott PO Box 377 Medina, WA 98039	X
Title Name Street Address City-St-Zip	V/S William H. Fraser 10011 Bayard Avenue NW Seattle, WA 98177	X

Block 12, Changes or Additions to Officers and Directors, continued:

	Officers & Directors	
Title Name Street Address City-St-Zip	D Rodney J. Van Leeuwen 4430 - 175 th Place SE Bellevue, WA 98006	Change
Title Name Street Address City-St-Zip	D John Meisenbach 11400 SE Sixth St., #220 Bellevue, WA 98004	Addition
Title Name Street Address City-St-Zip	D Lea Anne Ottinger 11400 SE Sixth St., #220 Bellevue, WA 98004	Addition