

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90085 045 ***150.00

0017026 AT

DOCUMENT # F98000002545

1. Entity Name
TVI, INC.

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, GARY 11400 SE SIXTH ST #200 BELLEVUE WA 98004	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POC ELLISON, THOMAS A 5666 PLEASURE POINT LANE BELLEVUE WA 98006	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ELLISON, THOMAS A 5666 PLEASURE POINT LANE BELLEVUE WA 98006	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS GRIFFITH, MICHAEL V 229 W LAKE SAMMAMISH PKWY SE BELLEVUE WA 98009	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BACON, MICHAEL H 8436 NE 21ST ST. BELLEVUE WA 98054	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GRIFFITH, MICHAEL V 229 W. LAKE SAMMAMISH PKWY., S.E. BELLEVUE WA 98009	☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

**VTS
MCNEIL, KENT
11400 SE 6TH ST., #220
BELLEVUE, WA 98004**

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02

Date

425-462-1515

Daytime Phone #

CR2E034 (9/01)