

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90236 048 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F98000002642**

1. Corporation Name

**PROCYTE CORPORATION OF WASHINGTON**

Principal Place of Business

**8511-154TH AVENUE NE. BUILDING A  
PO BOX 808  
REDMOND WA 98073-0808**

Mailing Address

**8511-154TH AVENUE NE. BUILDING A  
PO BOX 808  
REDMOND WA 98073-0808**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/11/1998**

4. FEI Number

**91-1307460**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**THALER, MANLEY  
1300 N. FEDERAL HIGHWAY  
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name **C T Corporation System**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**  
83  
84 City **Plantation** **FL** 85 Zip Code **33324**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

**Scot Ferraro, Asst. Secy.**

**4/28/1999**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **CLIFFORD, JOHN F**  
CITY-ST-ZIP **8511 154TH AVENUE NE, BUILDING A  
REDMOND WA 98052**

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **CARMICHAEL, ROBIN**  
CITY-ST-ZIP **8511 154TH AVENUE NE, BUILDING A  
REDMOND WA 98052**

TITLE ☐ DELETE  
NAME **C**  
STREET ADDRESS **TIERNEY, THAMAS**  
CITY-ST-ZIP **149 COLONADE CIRCLE DRIVE  
NAPLES FL 33940**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **BLAKE, JULES DR**  
CITY-ST-ZIP **867 SUNSET RIDGE  
BRIDGE WATER NJ 08807**

TITLE ☒ DELETE  
NAME **V**  
STREET ADDRESS **GREEN, KEN**  
CITY-ST-ZIP **8511 154TH AVENUE NE, BUILDING A  
REDMOND WA 98052**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **PATTERSON, ROBERT**  
CITY-ST-ZIP **600 HANSEN WAY  
PALO ALTO CA 94304-1043**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **D**  
1.3 STREET ADDRESS **BROWNER, SUSAN**  
1.4 CITY-ST-ZIP **8511 154TH AVENUE NE, BUILDING A  
REDMOND WA 98052**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **D**  
2.3 STREET ADDRESS **SULLIVAN, WILLIAM**  
2.4 CITY-ST-ZIP **33 FAIR STREET  
NANTUCKET MA 02554**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **VP**  
3.3 STREET ADDRESS **SCOTT, JERRY**  
3.4 CITY-ST-ZIP **8511 154TH AVENUE NE, BUILDING A  
REDMOND WA 98052**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **D**  
4.3 STREET ADDRESS **LEAVITT, MATT**  
4.4 CITY-ST-ZIP **120 INTERNATIONAL PARKWAY, SUITE 240  
HEATHROW FL 32746**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**4/27/99**

**425-869-1239**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)