

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002642

1. Entity Name

PROCYTE CORPORATION OF WASHINGTON

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90388 017 ***150.00

Principal Place of Business

Mailing Address

8511-154TH AVENUE NE, BUILDING A
PO BOX 808
REDMOND WA 98073-08088511-154TH AVENUE NE, BUILDING A
PO BOX 808
REDMOND WA 98073-0808

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

91-1307460

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

7. Name and Address of New Registered Agent

C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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]*

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 PD ☐ Delete
NAME CLIFFORD, JOHN F
STREET ADDRESS 8511 154TH AVENUE NE, BUILDING A
CITY-ST-ZIP REDMOND WA 98052TITLE C ☐ Change ☒ Addition
NAME Dr. Matt Leavitt
STREET ADDRESS 120 International Parkway #240
CITY-ST-ZIP Heathrow, FL 32746TITLE V ☐ Delete
NAME CARMICHAEL, ROBIN
STREET ADDRESS 8511 154TH AVENUE NE, BUILDING A
CITY-ST-ZIP REDMOND WA 98052TITLE C ☐ Change ☒ Addition
NAME Glenn Oclaxen
STREET ADDRESS 24 Egret Way
CITY-ST-ZIP Mill Valley, CA 94941TITLE C ☒ Delete
NAME TIERNEY, THOMAS
STREET ADDRESS 149 COLONADE CIRCLE DRIVE
CITY-ST-ZIP NAPLES FL 33940TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME BLAKE, JULES DR
STREET ADDRESS 867 SUNSET RIDGE
CITY-ST-ZIP BRIDGE WATER NJ 08807TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE V ☐ Delete
NAME SCOTT, JERRY
STREET ADDRESS 8511 154TH AVE. NE, BLDG A
CITY-ST-ZIP REDMOND WA 98052TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME PATTERSON, ROBERT
STREET ADDRESS 600 HANSEN WAY
CITY-ST-ZIP PALO ALTO CA 94304-1043TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry Scott

Date

4/24/00

Daytime Phone #

(426) 961-1239

CR2E034 (9/99)