

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90065 014 \*\*\*550.00

**DOCUMENT # F98000002642**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

147 Keystone Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Montgomeryville, PA 18936

Zip

Country

Zip

Country

18936

USA

4. FEI Number

91-1307460

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 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 7, 2005**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CLIFFORD, JOHN F	
STREET ADDRESS	8511 154TH AVENUE NE, BUILDING A	
CITY-ST-ZIP	REDMOND WA 98052	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CARMICHAEL, ROBIN	
STREET ADDRESS	8511 154TH AVENUE NE, BUILDING A	
CITY-ST-ZIP	REDMOND WA 98052	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	BENSON, ROBERT W	
STREET ADDRESS	8511 154TH AVE NE BLDG. A	
CITY-ST-ZIP	REDMOND WA 98052	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAMMER, JOHN	
STREET ADDRESS	8511 154TH AVE NE BLDG A	
CITY-ST-ZIP	REDMOND WA 98052	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEAVIST, MATT	
STREET ADDRESS	8511 154TH AVE NE. BLDG A	
CITY-ST-ZIP	REDMOND WA 98052	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, ROBERT	
STREET ADDRESS	600 HANSEN WAY	
CITY-ST-ZIP	PALO ALTO CA 94304-1043	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'Donnell, Jeffrey	
STREET ADDRESS	147 Keystone Drive	
CITY-ST-ZIP	Montgomeryville, PA 18936	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McGrath, Dennis	
STREET ADDRESS	147 Keystone Drive	
CITY-ST-ZIP	Montgomeryville, PA 18936	
TITLE	Corp. Counsel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Woodward, Davis	
STREET ADDRESS	147 Keystone Drive	
CITY-ST-ZIP	Montgomeryville, PA 18936	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Davis Woodward*

Davis Woodward

8/31/05

215-619-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #