Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # F9800003502

1. Corporation Name
SONOSIGHT, INC.

Principal Place of Business

SONO SITE, INC.

CONCORDINI INC.

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90093 001 \*\*\*150.00

22100 BOTHELL EVERETT HIGHWAY BOTHEL WA 98041-5020					DO NOT WRITE IN THIS	SPACE	Ē	
					3. Date incorporated or Qualifed 06/19/1998			
2. Principal P	lace of Business	2a. Mailing Address	<del>-</del> -		4FEI Number		Арр	lied For
21 19807	2 NORTH CREEK PARKWAY	26 19807 NORTH C	REEK PA	ENTINARA	91-1405022		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	,,,,,,			\$8.	75 A	iditional
22 # 200		27 ±200			5. Certifcate of Status Desired	Fe	e Req	uired
City & State City & State					6. Election Campaign Financing	\$5	.00 A	lav Be
23 BOTHELL WA 28 BOTHELL, WA					Trust Fund Contribution		ded to	
Zip				16	This corporation owes the current year in Personal Property Tax.	☐ Yes		□No
	9. Name and Address of Current I	Registered Agent		<del></del>	10. Name and Address of New Registered	Agent		
	N. I. F. Commission of the Com		81	Name				
C T CORPORATION SYSTEM				Street	Address (P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD				) ""	indian to in pay isome with the book and			
į PLAI	NTATION FL 33324		83					
}			84	City	Fi	85	Zip Co	ode
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  Stansture, typed or printed name of registered egent and title If applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
	Signature, typed or printed name of registered agent a			nt signature		UD DIDE	CTOF	C 101 40
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AI	X Cha		Addition
	. <sup>1</sup> . <del>-</del> 1.		•		}	<b>∠</b>	ange	
NAME	GOODWIN, KEVIN		1.2 NAME		19807 NORTH CEEK PARKWAYS \$200			
STREET ADDRESS	22100 BOTHELL EVERETT HWY		II.	ADDRESS	1 10			
CITY+ST-ZIP	BOTHELL WA		1.4 CITY-S	T-ZIP	BOTHELL WA 48011-8214	TER OL		<b>6</b> 1 1 1 1 1 1 1 1
TITLE	V	☐ DELETE	2.1 TITLE			X) Cha	ange	Addition
NAME	QUISTGAARD, JENS	***. * **.	2.2 NAME	_	19807- NORTH CEEEL PARKWAY #200			
STREET ADDRESS	22100 BOTHELL EVERETT HWY	-··	2.3 STREET	ADORESS			~	
CITY-ST-ZIP	BOTHELL WA		2. 4 CITY+S	IT-ZIP	BOTHELL, WA 98011 - 8214			
TITLE	S	DELETE	3.1 TITLE			☐ Cha	ange	~ 4ddition
NAME	GRADY, KEVIN		3.2 NAME					
STREET ADDRESS	22100 BOTHELL EVERETT HWY		3.3 STREET	ADDRESS				i
CITY-ST-ZIP	BOTHELL WA		3.4. CITY- 9	T-ZIP	(			i
TITLE	T	☐ DELETE	4.1 TITLE		TS .	Cha	ange	Addition
NAME	SEATON, GUY		4.2 NAME		]			}
STREET ADDRESS	22100 BOTHELL EVERETT HWY		4.3 STREET	ADDRESS	19807 NORTH CREEK PARKWAY # 200	)		}
CITY-ST-ZIP	BOTHELL WA		4.4 C/TY-S		BOTHELL, WA 98011-8214			)
TITLE	CO	☐ DELETE	5.1 TITLE		<del> </del>	Cha	inge	☐ Addition
NAME	CRAMER, KIRBY	.=-	5.2 NAME				-	
STREET ADDRESS	22100 BOTHELL EVERETT HWY		5.3 STREET	ADDRESS	SAME AS ABOVE			ļ
CITY-ST-ZIP :	BOTHELL WA		5.4 CiTY-S		Dutte us umae			
		□ DELETE	6.1 T/TLE		<del> </del>	[∄] Cha	ande	Addition
- ^ `}	D COUTTVY, COMADO	المالية	6.2 NAME		j	WC0110	9~	
NAME C	FRITZKY; EDWARD		6.3 STREET	. ********	de sois Asia			ì
STREET ADDRESS	22100 BOTHELL EVERETT HWY		1		SAME AS ABOVE			Į
CITY, ST. 7ID	ROTHELL WA	_	■ 6.4 CITY-S	I-ZIP	1			

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 suppliemental 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 DEPURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

4259511200