## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 25, 2001 8:00 am Secretary of State DOCUMENT # F9800005082 05-25-2001 90286 026 \*\*\*150.00 COMMUNICATION SPECIALISTS OF WA, INC. Principal Place of Business Mailing Address P.O. BOX 2197 17280 WOODINVILLE-REDMOND ROAD 660375 WOODINVILLE WA 98072 #800A WOODINVILLE WA 98072 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 91-1257319 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BUSINESS FILINGS INCORPORATED** Street Address (P.O. Box Number is Not Acceptable) 1000 WEST AVENUE NO. 1114 MIAMI BEACH FL 33139-0000 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOT: ,Registered Agent signature required when reinstating) FILE NOW !! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 20 11 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payal le to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition **PVT** TITLE ☐ Delete TITLE WOODRUFF, TERRY NAME NAME STREET ADDRESS STREET ADDRESS 14648 NE 95TH ST CITY-ST-ZIP CITY-ST-ZIP REDMOND WA 98052 Change ☐ Addition ☐ Delete TITLE TITLE NAME WOODRUFF, BETTY NAME STREET ADDRESS 14648 NE 95TH ST STREET ADDRESS CITY-ST-ZIP REDMOND WA 98052 CITY-ST-ZIP \_\_\_ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME NAME STREET ADDRES\$ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify to 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 r y 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

FILED



MHachment
600375
Information Services

DOC# F98000005062

22-May-01

Florida Department of State Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, Fl 32302-1500

Dear Sirs:

We are sending our 2001 UBR Report with payment of \$150.00. This is late because our Registered Agent "Business Filings Incorporated" has just forwarded the form to us. Hopefully, you will accept our apologies and our filing fee of \$150.00.

If you should have any questions, please feel free to contact us.

Sincerely,

COMMUNICATION SPECIALISTS, INC.

Ellen Massie Assistant Controller