

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90151 033 ***150.00

DOCUMENT # F98000005082

1. Entity Name

COMMUNICATION SPECIALISTS OF WA, INC.

Principal Place of Business

17280 WOODINVILLE-REDMOND ROAD
 #800A
 WOODINVILLE WA 98072
 US

Mailing Address

P.O. BOX 2197
 WOODINVILLE WA 98072
 US

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

91-1257319

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

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE
NO. 1114
MIAMI BEACH FL 33139-0000

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

(NOTE: Registered Agents 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. 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 NAME ☐ Delete
 PVT WOODRUFF, TERRY
 STREET ADDRESS 14648 NE 95TH ST
 CITY-ST-ZIP REDMOND WA 98052

TITLE NAME ☒ Change ☐ Addition
 STREET ADDRESS 17280 Woodinville-Redmond Rd #800A
 CITY-ST-ZIP Woodinville, WA 98072

TITLE NAME ☐ Delete
 S WOODRUFF, BETTY
 STREET ADDRESS 14648 NE 95TH ST
 CITY-ST-ZIP REDMOND WA 98052

TITLE NAME ☒ Change ☐ Addition
 STREET ADDRESS 17280 Woodinville-Redmond Rd #800A
 CITY-ST-ZIP Woodinville, WA 98072

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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

1/30/02

Date

725-482-9200

Daytime Phone

CR2E034 (9/01)