

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90005 015 ***150.00

DOCUMENT # F98000005082
 1. Entity Name
COMMUNICATION SPECIALISTS OF WA, INC.



Principal Place of Business Mailing Address
 17280 WOODINVILLE-REDMOND ROAD P.O. BOX 2197
 #800A WOODINVILLE, WA 98072 US
 WOODINVILLE, WA 98072 US

34014300



02132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 91-1257319 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 BUSINESS FILINGS INCORPORATED
 660 EAST JEFFERSON STREET
 TALLAHASSEE, FL 32301-0000

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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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVT
NAME	WOODRUFF, TERRY
STREET ADDRESS	17280 WOODINVILLE-REDMOND ROAD #800A
CITY-ST-ZIP	WOODINVILLE, WA 98072
TITLE	S
NAME	WOODRUFF, BETTY
STREET ADDRESS	17280 WOODINVILLE-REDMOND ROAD #800A
CITY-ST-ZIP	WOODINVILLE, WA 98072
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Mike Conway* **Mike Conway, Controller** **2/13/04** **(425) 482-9200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #