

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90015 018 \*\*\*150.00

DOCUMENT # **F98000005883**

1. Corporation Name

**GUARANTEE TIME, INC.**

Principal Place of Business

**1809 7TH AVENUE, #411  
SEATTLE WA 98101**

Mailing Address

**1809 7TH AVENUE, #411  
SEATTLE WA 98101**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/22/1998**

4. FEI Number

**91-1831754**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

9. Name and Address of Current Registered Agent

**FLOYD, MYRON G  
1122 ARIES DR.  
ORLANDO FL 32827**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **PC** ☐ DELETE

NAME **PIGOTT, PAUL**  
STREET ADDRESS **1808 PARKSIDE DR**  
CITY-ST-ZIP **SEATTLE WA 98112**

TITLE **V** ☒ DELETE

NAME **PINK, JOSEPH**  
STREET ADDRESS **2480 CANTERBURY LANE E #2B**  
CITY-ST-ZIP **SEATTLE WA 98112**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CHAIRMAN** ☒ Change ☐ Addition

1.2 NAME **PIGOTT, PAUL**  
1.3 STREET ADDRESS **1808 PARKSIDE DR**  
1.4 CITY-ST-ZIP **SEATTLE, WA 98112**

2.1 TITLE **RESIDENT** ☐ Change ☒ Addition

2.2 NAME **SORENSEN, Jim**  
2.3 STREET ADDRESS **4461 238th Place SE**  
2.4 CITY-ST-ZIP **Issaquah, WA 98029**

3.1 TITLE **CEO** ☐ Change ☒ Addition

3.2 NAME **MADISON JR, ROGER B.**  
3.3 STREET ADDRESS **23925 NE 69th Place**  
3.4 CITY-ST-ZIP **Redmond, WA 98053**

4.1 TITLE **DIRECTOR** ☐ Change ☒ Addition

4.2 NAME **TURNPAUGH, TIMOTHY E.**  
4.3 STREET ADDRESS **5891 169th Ave. SE**  
4.4 CITY-ST-ZIP **Bellevue, WA 98006**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that

indicated on this annual report is the true and accurate name and address of the corporation or the 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROGER B. MADISON, JR.**  
**CEO**

**JAN 25, 1999**

Date

**206-292-1142**

Daytime Phone #

CR2E034 (11/98)