

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 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90033 010 \*\*\*150.00

DOCUMENT # F98000006532

1. Corporation Name

SAFECO INVESTMENTS SERVICES, INC.



Principal Place of Business

601 UNION STREET, SUITE 610  
SEATTLE WA 98101

Mailing Address

601 UNION STREET, SUITE 610  
SEATTLE WA 98101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1998

4. FEI Number

91-1354455

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 ☐ DELETE

NAME PD  
STREET ADDRESS PIERSON, ROD  
CITY-ST-ZIP SAFECO PLAZA  
SEATTLE WA 98185

TITLE ☐ DELETE

NAME CST  
STREET ADDRESS SCHMIDT, JAMES G  
CITY-ST-ZIP SAFECO PLAZA  
SEATTLE WA 98185

TITLE ☒ DELETE

NAME V  
STREET ADDRESS FENLASON, JOHN  
CITY-ST-ZIP 15411 NE 51ST ST.  
REDMOND WA 98052

TITLE ☐ DELETE

NAME V  
STREET ADDRESS HARBIN, ROGER F  
CITY-ST-ZIP 15411 NE 51ST ST.  
REDMOND WA 98052

TITLE ☐ DELETE

NAME V  
STREET ADDRESS LAWRENCE, THOMAS W  
CITY-ST-ZIP 601 UNION STREET, SUITE 610  
SEATTLE WA 98101-2336

TITLE ☐ DELETE

NAME V  
STREET ADDRESS STREIFF, THOMAS F  
CITY-ST-ZIP 20 N. WACKER DRIVE, #1530  
CHICAGO IL 60606

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 supplemental 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.

March 11, 1999

SIGNATURE: *James Schmidt* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Schmidt

Date

206-545-5000

Daytime Phone #

11/98) CR2EN34