

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006532

1. Entity Name

SAFECO INVESTMENT SERVICES, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90112 029 ***150.00

Principal Place of Business

601 UNION STREET, SUITE 610
SEATTLE WA 98101

Mailing Address

601 UNION STREET, SUITE 610
SEATTLE WA 98101-2341

00029771

2. Principal Place of Business

10785 Willows Rd. NE

3. Mailing Address

10785 Willows Rd. NE

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

City & State
Redmond, WA

City & State
Redmond, WA

4. FEI Number

91-1354455

Applied For

Not Applicable

Zip
98052

Country
USA

Zip
98052

Country
USA

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

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

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 Agent 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, 2000 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	PD	<input checked="" type="checkbox"/> Delete
NAME	PIERSON, ROD	
STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	SEATTLE WA 98185	
TITLE	CST	<input checked="" type="checkbox"/> Delete
NAME	SCHMIDT, JAMES G	
STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	SEATTLE WA 98185	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WEYMOUTH, DAVID E	
STREET ADDRESS	15411 NE 51ST ST.	
CITY-ST-ZIP	REDMOND WA 98052	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HARBIN, ROGER F	
STREET ADDRESS	15411 NE 51ST ST.	
CITY-ST-ZIP	REDMOND WA 98052	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LAWRENCE, THOMAS W	
STREET ADDRESS	601 UNION STREET, SUITE 610	
CITY-ST-ZIP	SEATTLE WA 98101-2336	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	STREIFF, THOMAS F	
STREET ADDRESS	20 N. WACKER DRIVE, #1530	
CITY-ST-ZIP	CHICAGO IL 60606	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allyn Close	
STREET ADDRESS	10785 Willows Rd. NE, Suite 100	
CITY-ST-ZIP	Redmond, WA 98052	
TITLE	CST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Neal A. Fuller	
STREET ADDRESS	10865 Willows Rd. NE, Bldg. E	
CITY-ST-ZIP	Redmond, WA 98052	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Beeson	
STREET ADDRESS	10785 Willows Rd. NE, Suite 100	
CITY-ST-ZIP	Redmond, WA 98052	
TITLE	Sr. V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harbin, Roger F.	
STREET ADDRESS	5069 154th Pl. NE	
CITY-ST-ZIP	Redmond, WA 98052	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Pirak	
STREET ADDRESS	5069 154th Pl NE	
CITY-ST-ZIP	Redmond, WA 98052	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rod A. Pierson	
STREET ADDRESS	SAFECO Plaza	
CITY-ST-ZIP	Seattle, WA 98185	

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: Neal A. Fuller Neal A. Fuller

Feb. 21, 2000 800-544-2614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)