

2001 UNIFORM BUSINESS REPORT (UBR)

0605258

DOCUMENT # F98000006532

1. Entity Name

SAFECO INVESTMENT SERVICES, INC.

FILED

01 JAN 22 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]



DO NOT WRITE IN THIS SPACE

Principal Place of Business

10785 WILLOWS RD NE
STE 100
REDMOND WA 98052

Mailing Address

10785 WILLOWS RD NE
STE 100
REDMOND WA 98052

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 91-1354455

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

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, 2001 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	P CLOSE, ALLYN	<input type="checkbox"/> Delete
STREET ADDRESS	10785 WILLOW RD NE STE 100	
CITY-ST-ZIP	REDMOND WA 98052	
TITLE NAME	CST FULLER, NEAL A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10865 WILLOW RD NE-BLDG E	
CITY-ST-ZIP	REDMOND WA 98052	
TITLE NAME	V BEESON, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS	10785 WILLOW RD NE STE 100	
CITY-ST-ZIP	REDMOND WA 98052	
TITLE NAME	SV HARBIN, ROGER F	<input type="checkbox"/> Delete
STREET ADDRESS	5069 -154TH PL NE	
CITY-ST-ZIP	REDMOND WA 98052	
TITLE NAME	V PIRAK, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	5069 -154T PL NE	
CITY-ST-ZIP	REDMOND WA 98052	
TITLE NAME	D PEIRSON, ROD A	<input type="checkbox"/> Delete
STREET ADDRESS	SAFECO PLAZA	
CITY-ST-ZIP	SEATTLE WA 98185	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	CST PAUL BEESON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10785 WILLOW RD NE, Suite 100	
CITY-ST-ZIP	REDMOND WA 98052	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	300003618083--1	
CITY-ST-ZIP	-01/31/01--01072--028	
	*****150.00 *****150.00	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/2001

Date

425-376-6301

Daytime Phone #

CR2E034 (10/00)