

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F98000006883**

1. Corporation Name

TALBOT FINANCIAL SERVICES, INC.

Principal Place of Business

**601 UNION ST. SUITE 610
SEATTLE WA 98101**

Mailing Address

**601 UNION ST. SUITE 610
SEATTLE WA 98101**

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90002 013 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1998

4. FEI Number

91-1930436

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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CPD** ☐ DELETE

NAME **WEYMOUTH, DAVID E**

STREET ADDRESS **7770 JEFFERSON NE
ALBUQUERQUE NM 87109**

CITY-ST-ZIP **EVD** ☐ DELETE

NAME **STREIFF, THOMAS F**

STREET ADDRESS **101 N. WACKER DRIVE, SUITE 1500
CHICAGO IL 60606**

CITY-ST-ZIP **V** ☒ DELETE

NAME **LAWRENCE, THOMAS W**

STREET ADDRESS **601 UNION STREET, SUITE 610
SEATTLE WA 98101**

CITY-ST-ZIP **TSD** ☐ DELETE

NAME **PIERSON, ROD A**

STREET ADDRESS **SAFECO PLAZA T-22
SEATTLE WA 98185**

CITY-ST-ZIP **VAS** ☐ DELETE

NAME **CHAVEZ, MATTHEW J**

STREET ADDRESS **7770 JEFFERSON NE
ALBUQUERQUE NM 87109**

CITY-ST-ZIP **AS** ☐ DELETE

NAME **LUCERO, SHARI L**

STREET ADDRESS **7770 JEFFERSON NE
ALBUQUERQUE NM 87109**

CITY-ST-ZIP

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

Beeson, Paul A

**601 Union Street, Suite 610
Seattle WA 98101**

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.

SIGNATURE:

MALENTOR REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0121473