

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006883

1. Entity Name

TALBOT FINANCIAL SERVICES, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90006 047 ***150.00

Principal Place of Business

Mailing Address

601 UNION ST. SUITE 610
SEATTLE WA 98101

601 UNION ST. SUITE 610
SEATTLE WA 98101-2341

2. Principal Place of Business

3. Mailing Address

10785 Willows Rd.
Suite, Apt. #, etc.
Suite 100

P.O. Box 34695
Suite, Apt. #, etc.

City & State

City & State

Redmond, WA

Seattle, WA

Zip
98052

Country
USA

Zip
98124-1695

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

91-1930436

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

N/A

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

Matt Ch...

5/10/00

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 NAME STREET ADDRESS CITY-ST-ZIP	CPD WEYMOUTH, DAVID E 7770 JEFFERSON NE ALBUQUERQUE NM 87109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD STREIFF, THOMAS F 101 N. WACKER DRIVE, SUITE 1500 CHICAGO IL 60606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEESON, PAUL A 601 UNION STREET, SUITE 610 SEATTLE WA 98101	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD PIERSON, ROD A SAFECO PLAZA T-22 SEATTLE WA 98185	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS CHAVEZ, MATTHEW J 7770 JEFFERSON NE ALBUQUERQUE NM 87109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LUCERO, SHARI L 7770 JEFFERSON NE ALBUQUERQUE NM 87109	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

5/10/00

505-828-4153

CR2E034 (9/99)