

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90099 008 ***150.00

DOCUMENT # F99000000413

1. Entity Name
LANDMARK GROUP HOLDINGS, INC.



Principal Place of Business
**777 108TH AVENUE NW
SUITE 1670
BELLEVUE WA 98004**

Mailing Address
**777 108TH AVENUE NW
SUITE 1670
BELLEVUE WA 98004**

10038096



2. Principal Place of Business
777 108th Avenue NE
Suite, Apt. #, etc.

3. Mailing Address
777 108th Avenue NE
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
City & State
4. FEI Number **91-1879624** Applied For
Not Applicable

Zip Country Zip Country
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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **FILO, DAN**
CITY-ST-ZIP **5515 142ND AVE SE
BELLEVUE WA 98006**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **NOLAN, JOHN**
CITY-ST-ZIP **218 MAIN ST #633
KIRKLAND WA 98033**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2133 5th Ave #301**
CITY-ST-ZIP **Seattle WA 98004**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **JENSEN, RON**
CITY-ST-ZIP **1950 ALASKAN WAY #523
SEATTLE WA 98101**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1817 East Willow Tree Circle**
CITY-ST-ZIP **Gilbert AZ 85234**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WIGHT, TED**
CITY-ST-ZIP **15352 SE 53RD STREET
BELLEVUE WA 98006**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03 425-460-5450
Date Daytime Phone #

CR2E034 (10/02)