

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004412

1. Entity Name

NPCR, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90009 024 \*\*\*150.00

Principal Place of Business

Mailing Address

4500 CARILLON POINT  
 KIRKLAND WA 98033

4500 CARILLON POINT  
 KIRKLAND WA 98033-7355

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

91-1942496

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.**  
**526 EAST PARK AVENUE**  
**TALLAHASSEE FL 32301**

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: PCD  
 NAME: CHAPPLE, JOHN  
 STREET ADDRESS: 4500 CARILLON POINT  
 CITY-ST-ZIP: KIRKLAND WA 98033  
 Delete

TITLE: Vice President  
 NAME: Mark Fanning  
 STREET ADDRESS: 4500 Carillon Point  
 CITY-ST-ZIP: Kirkland, WA 98033  
 Change  Addition

TITLE: VT  
 NAME: THOMPSON, JOHN D  
 STREET ADDRESS: 4500 CARILLON POINT  
 CITY-ST-ZIP: KIRKLAND WA 98033  
 Delete

TITLE: Vice President  
 NAME: Perry Satterlee  
 STREET ADDRESS: 4500 Carillon Point  
 CITY-ST-ZIP: Kirkland, WA 98033  
 Change  Addition

TITLE: VS  
 NAME: MANNING, DONALD J  
 STREET ADDRESS: 4500 CARILLON POINT  
 CITY-ST-ZIP: KIRKLAND WA 98033  
 Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
 Change  Addition

TITLE: D  
 NAME: DONAHUE, TIMOTHY M  
 STREET ADDRESS: 4500 CARILLON POINT  
 CITY-ST-ZIP: KIRKLAND WA 98033  
 Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
 Change  Addition

TITLE: V  
 NAME: THALER, DAVID  
 STREET ADDRESS: 10901 EAST BREN ROAD  
 CITY-ST-ZIP: MINNETONKA MN 55343  
 Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
 Change  Addition

TITLE: V  
 NAME: AAS, DAVID  
 STREET ADDRESS: 4500 CARILLON POINT  
 CITY-ST-ZIP: KIRKLAND WA 98033  
 Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  
 Change  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:

*Donald J. Manning*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00 (425)828-1713  
 Date Daytime Phone #

CR2E034 (9/99)