

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2001 8:00 am**
Secretary of State

04-18-2001 90045 014 ***150.00

DOCUMENT # F990000044121. Entity Name
NPCR, INC.

Principal Place of Business

Mailing Address

**4500 CARILLON POINT
KIRKLAND WA 98033****4500 CARILLON POINT
KIRKLAND WA 98033**

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**

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, 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
STREET ADDRESS
CITY-ST-ZIP
**PCD
CHAPPLE, JOHN
4500 CARILLON POINT
KIRKLAND WA 98033** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FANNING, MARK
4500 CARILLON POINT
KIRKLAND, WA 98033** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
THOMPSON, JOHN D
4500 CARILLON POINT
KIRKLAND WA 98033** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SATERLEE, PERRY
4500 CARILLON POINT
KIRKLAND, WA 98033** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
MANNING, DONALD J
4500 CARILLON POINT
KIRKLAND WA 98033** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
JOHN SHOJI
4500 CARILLON POINT
KIRKLAND, WA 98033** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DONAHUE, TIMOTHY M
4500 CARILLON POINT
KIRKLAND WA 98033** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
SWERLAND, DENISE
4500 CARILLON POINT
KIRKLAND, WA 98033** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
THALER, DAVID
10901 EAST BREN ROAD
MINNETONKA MN 55343** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
AAS, DAVID
4500 CARILLON POINT
KIRKLAND WA 98033** ☐ DeleteTITLE
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: *Denise J. Swerland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Denise Swerland, Asst
Secy*

4/7/2001

Date

425-576-3664

Daytime Phone #

CR2E034 (10/00)