

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90014 034 \*\*\*150.00

1017112 AT

**DOCUMENT # F99000004412**

1. Entity Name  
**NPCR, INC.**

Principal Place of Business      Mailing Address

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



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For

**91-1942496**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

    

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD</b> <b>CHAPPLE, JOHN</b> <b>4500 CARILLON POINT</b> <b>KIRKLAND WA 98033</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>THOMPSON, JOHN D</b> <b>4500 CARILLON POINT</b> <b>KIRKLAND WA 98033</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>MANNING, DONALD J</b> <b>4500 CARILLON POINT</b> <b>KIRKLAND WA 98033</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DONAHUE, TIMOTHY M</b> <b>4500 CARILLON POINT</b> <b>KIRKLAND WA 98033</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>THALER, DAVID</b> <b>10901 EAST BREN ROAD</b> <b>MINNETONKA MN 55343</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>AAS, DAVID</b> <b>4500 CARILLON POINT</b> <b>KIRKLAND WA 98033</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, CEO, CHAIRMAN, DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V,T, CFO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V, S, GENERAL COUNSEL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Donna A. Aas*      Date: 3/12/02      Daytime Phone #: 425-576-3664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (9/01)

Attachment  
Document # F9900000 4412

NPCR, INC.  
FL CORP. ID # F99000004412

OFFICERS AND DIRECTORS

348860

OFFICE HELD	NAME	ADDRESS
President, CEO, Chairman of the Board & Director	Chapple, John	4500 Carillon Pt, Kirkland, WA 98033
Vice President, CFO & Treasurer	Thompson, John	4500 Carillon Pt, Kirkland, WA 98033
Vice President, General Counsel & Secretary	Manning, Donald J.	4500 Carillon Pt, Kirkland, WA 98033
Vice President	Thaler, David	10120 West 76 <sup>th</sup> Street, Eden Prairie, MN 55344
Vice President	Aas, David	4500 Carillon Pt, Kirkland, WA 98033
Vice President	Satterlee, Perry	4500 Carillon Pt, Kirkland, WA 98033
Vice President	Fanning, Mark	4500 Carillon Pt, Kirkland, WA 98033
Assistant Secretary	Swerland, Denise	4500 Carillon Pt, Kirkland, WA 98033
Assistant Treasurer	Shoji, John	4500 Carillon Pt, Kirkland, WA 98033
Director	Donahue, Timothy M.	2001 Edmund Halley Drive, Reston, VA 20191