

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005141

1. Entity Name

TEGRIS CORPORATION

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

06-09-2000 90028 040 ***550.00

Principal Place of Business

600 108TH AVENUE NE, SUITE 100
BELLEVUE WA 98004

Mailing Address

600 108TH AVENUE NE, SUITE 100
BELLEVUE WA 98004-5110

2. Principal Place of Business

10900 NE 4th ST

3. Mailing Address

- SAME -

Suite, Apt. #, etc.

SUITE 2000B

Suite, Apt. #, etc.

City & State

BELLEVUE, WA

City & State

4. FEI Number

91-1642599

Applied For

Not Applicable

Zip

98004

Country

USA

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.

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	C	<input type="checkbox"/> Delete
NAME	DAPAS, LOU	
STREET ADDRESS	600 108TH AVENUE NE, SUITE 100	
CITY-ST-ZIP	BELLEVUE WA 98004	
TITLE	P	<input type="checkbox"/> Delete
NAME	STEWART, FREDERICK	
STREET ADDRESS	600 108TH AVENUE NE, SUITE 100	
CITY-ST-ZIP	BELLEVUE WA 98004	
TITLE	V	<input type="checkbox"/> Delete
NAME	KINGMA, STEVEN	
STREET ADDRESS	600 108TH AVENUE NE, SUITE 100	
CITY-ST-ZIP	BELLEVUE WA 98004	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWSE, WOODY	
STREET ADDRESS	600 108TH AVENUE NE, SUITE 100	
CITY-ST-ZIP	BELLEVUE WA 98004	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPANGLER, MARK	
STREET ADDRESS	600 108TH AVENUE NE, SUITE 100	
CITY-ST-ZIP	BELLEVUE WA 98004	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIFE, TOM	
STREET ADDRESS	600 108TH AVENUE NE, SUITE 100	
CITY-ST-ZIP	BELLEVUE WA 98004	

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAPAS, LOU	
STREET ADDRESS	10900 NE 4th, SUITE 2000	
CITY-ST-ZIP	BELLEVUE, WA 98004	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, FREDERICK	
STREET ADDRESS	10900 NE 4th, SUITE 2000	
CITY-ST-ZIP	BELLEVUE, WA 98004	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINGMA, STEVE	
STREET ADDRESS	10900 NE 4th, SUITE 2000	
CITY-ST-ZIP	BELLEVUE, WA 98004	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWSE, WOODY	
STREET ADDRESS	10900 NE 4th, SUITE 2000	
CITY-ST-ZIP	BELLEVUE, WA 98004	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPANGLER, MARK	
STREET ADDRESS	10900 NE 4th, SUITE 2000	
CITY-ST-ZIP	BELLEVUE, WA 98004	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIFE, TOM	
STREET ADDRESS	10900 NE 4th, SUITE 2000	
CITY-ST-ZIP	BELLEVUE, WA 98004	

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 #

STEVEN R. KINGMA 5-31-00 425.990.3300

CR2E034 (9/99)