

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006538

1. Entity Name  
NW ICO, INC.

Principal Place of Business  
18850 8th Ave So Suite 100  
13035 GATEWAY DRIVE, SUITE 113  
SEATTLE WA 98148 98148

Mailing Address  
P.O. BOX 68271  
SEATTLE WA 98168

2. Principal Place of Business  
18850 8th Ave So  
Suite, Apt. #, etc.  
Suite 100  
City & State  
Seattle WA  
Zip  
98148 Country  
King

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

FILED  
01 NOV 16 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. FEI Number 91-1947444 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

MEINERTZ, JANNE  
405 ATLANTIS ROAD, SUITE F  
CAPE CANAVERAL FL 32920

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
405 ATLANTIS ROAD  
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]* DATE 11.12.01

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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	P DAHL, JESPER 13035 GATEWAY DRIVE, SUITE 113 SEATTLE WA 98168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEARDEN, CHRISTINE V 13035 GATEWAY DRIVE, SUITE 113 SEATTLE WA 98168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VERNOY, GREG 13035 GATEWAY DRIVE, SUITE 113 SEATTLE WA 98168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18850 8th Ave So Suite 100 Seattle WA 98148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18850 8th Ave So Suite 100 Seattle WA 98148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18850 8th Ave So Suite 100 Seattle WA 98148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000004704390-6 -12/04/01-01060-017 ***750.00 ***750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 another like empowered.

SIGNATURE: *[Signature]* DATE 9/8/01 (206) 244-9725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0136629 AT

CR2E034 (5/01)