

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED 5/12/03
FILED

DOCUMENT # F99000006538
1. Entity Name

NW ICO, INC



03 MAY 14 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18850 8TH AVE S

Suite, Apt. #, etc.

SUITE 100

City & State

SEATTLE, WA

Zip

98148

Country

KUSA

3. Mailing Address

P.O. BOX 69207

Suite, Apt. #, etc.

City & State

SEATTLE, WA

Zip

98168

Country

USA

4. FEI Number

91-1947444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MEINERTZ, JANNE

Street Address (P.O. Box Number is Not Acceptable)

405 ATLANTIS RD

SUITE F

City

CAPE CANAVERAL

FL

Zip Code

32920

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P/V/ST

DAHLER, JESPER

18850 8TH AVE S SUITE 100
SEATTLE WA 98148

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

400020322134
06/03/03--01007--003 **61.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V

DEARDEN, CHRISTINE

18850 8TH AVE S SUITE 100
SEATTLE, WA 98148

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ST

VERNOY, GREG

18850 8TH AVE S SUITE 100
SEATTLE, WA 98148

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. 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 reports 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/03

Date

206-244-0330

Daytime Phone #

CR2E034B (12/02)