FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J22090** **(1)**

1. Corporation Name

NORTHWEST TECHNICAL RESOURCES, INC.

Principal Place of Business	Mailing Address
2545 156TH AVE SE BELLEVUE WA 98007	2545 156TH AVE SE BELLEVUE WA 98007

3. Date Incorporated or Qualified: 06/26/1986
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 1201 Jadwin Ave
22 Suite, Apt. #, etc.: Suite 103
23 City & State: RICHLAND, WA
24 Zip: 99352 WA
25 Country: Benton

2a. Mailing Address
26: P.O. Box 1367
27 Suite, Apt. #, etc.: 1
28 City & State: RICHLAND, WA 99352
29 Zip: 99352
30 Country: Benton

4. FEI Number: 59-2703995 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LOW, JAMES J., III
601 CLEVELAND ST STE 400
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name: FREDERICK KOEHL, CPA
82 Street Address (P.O. Box Number is Not Acceptable): 6050 W. Gulf to Lake Hwy
83
84 City: CRYSTAL RIVER FL 85 Zip Code: 34429

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Frederick Koehl CPA FREDERICK KOETH 4-24-96
Signature of or on behalf of New Registered Agent (*DATE: Registered Agent's signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	11 TITLE	DVP	☒ Change ☐ Addition
NAME	NORRIS, ROBERT M.		12 NAME		
STREET ADDRESS	2545 156TH AVE SE		13 STREET ADDRESS	729 SAINT STREET	
CITY-ST-ZIP	BELLEVUE WA		14 CITY-ST-ZIP	RICHLAND, WA 99352	
TITLE		☐ DELETE	21 TITLE	P	☐ Change ☒ Addition
NAME			22 NAME	BARBARA J. FRENCH	
STREET ADDRESS			23 STREET ADDRESS	729 SAINT ST.	
CITY-ST-ZIP			24 CITY-ST-ZIP	RICHLAND WA 99352	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BARBARA J. FRENCH 4/19/96 509-946-9333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #