SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 SEP 11 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J91292 (9)

1. Corporation Name
RAMPART WATERBLAST, INC.

Principal Place of Business	Mailing Address
23500 - 64TH AVENUE SOUTH KENT WA 98032	23500 - 64TH AVENUE SOUTH KENT WA 98032

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/04/1987	3a. Date of Last Report: 03/22/1996
4. FEI Number: 65-0016972	☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
83
84 City: Tallahassee FL 85 Zip Code: 32301

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Sole Director/President	☐ Change ☐ Addition
NAME	TARRANT, RONALD W.		1.2 NAME		
STREET ADDRESS	23500 64TH AVENUE, SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	KENT WA		1.4 CITY-ST-ZIP	Zip Code - 98032	
TITLE	S	☐ DELETE	2.1 TITLE	100002291501 2	☐ Change ☐ Addition
NAME	LENESS, JOHN S.		2.2 NAME	-09/12/97--01093--007	
STREET ADDRESS	23500 64TH AVENUE SOUTH		2.3 STREET ADDRESS	****550.00 ****550.00	
CITY-ST-ZIP	KENT WA		2.4 CITY-ST-ZIP	Zip Code - 98032	
TITLE	VPCF	☐ DELETE	3.1 TITLE	VP/COO	XX Change ☐ Addition
NAME	CROSS, THOMAS A.		3.2 NAME		
STREET ADDRESS	23500 64TH AVENUE, SOUTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	KENT WA		3.4 CITY-ST-ZIP	Zip Code - 98032	
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NITTINGER, ROBERT		4.2 NAME		
STREET ADDRESS	530 MOON CLINTON ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAOPOLIS PA		4.4 CITY-ST-ZIP	Zip Code - 15108	
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WINKLER, PATRICK		5.2 NAME		
STREET ADDRESS	530 MOON CLINTON ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAOPOLIS PA		5.4 CITY-ST-ZIP	Zip Code - 15108	
TITLE	V	☐ DELETE	6.1 TITLE	VP/CFO	☐ Change ☒ Addition
NAME	ROBERT L. RACCHINI		6.2 NAME	Stephen D. Reichenbach	
STREET ADDRESS	530 MOON CLINTON ROAD		6.3 STREET ADDRESS	23500 64th Ave. So.	
CITY-ST-ZIP	CORAOPOLIS PA 15108		6.4 CITY-ST-ZIP	Kent, Washington 98032	

CR2E034 (4/97)

14. I do 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 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: SIGNATURE REQUIRED 8/29/97 (253) 850-3500