

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90548 024 ***150.00

DOCUMENT # **K39 454**

1. Entity Name

American Utilities, Inc.



DO NOT WRITE IN THIS SPACE

20035477

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1201 3rd Avenue, Suite 5400

3. Mailing Address
1201 3rd Avenue, Suite 5400

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Seattle, WA

City & State
Seattle, WA

4. FEI Number

Applied For

Not Applicable

Zip
98101

Country
USA

Zip
98101

Country
USA

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

7. Name and Address of Current Registered Agent

Name **NRAI Services, Inc.**

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

2731 Executive Park Drive, Suite 4

City **Weston**

FL

Zip Code
33331

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IN THIS SPACE**

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 then if applicable

(NOTE: Registered Agent signature required when canceling)

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
**John M. Orehek - President
1201 3rd Avenue, Suite 5400
Seattle, WA 98101**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Robert M. Krokower - Secretary/Treasurer
1201 3rd Avenue, Suite 5400
Seattle, WA 98101**

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

SIGNATURE: **John M. Orehek**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

206-622-9900

Date

Daytime Phone #

CR2E034B (12/02)