FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 25 AM 8:13

DOCUMENT # **L47470** **(4)**

1. Corporation Name

IMPACT DEVELOPMENT SERVICES, INC.

Principal Place of Business	Mailing Address
C/O PAUL S. HERSKOWITZ 325 SECOND AVENUE W SEATTLE WA 98119 US	C/O PAUL S. HERSKOWITZ 325 SECOND AVENUE W. SEATTLE WA 98119 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1990
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business
21: 3823 240TH PL SE
22 Suite, Apt #, etc:
23 City & State: ISSAQUAH WA
24 Zip: 98029
25 Country: USA

2a. Mailing Address
26: 3823 240TH PL SE
27 Suite, Apt #, etc:
28 City & State: ISSAQUAH WA
29 Zip: 98029
30 Country: USA

4. FEI Number: 59-3990821 ☐ 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

WIELAND, JEFF
MAGUIRE VOURCHIS, & WELLS
TWO S. ORANGE AVENUE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: FL
85 Zip Code:

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	☒ Change ☐ Addition
12 NAME	HERSKOWITZ, PAUL S.	12 NAME	
13 STREET ADDRESS	325 SECOND AVENUE	13 STREET ADDRESS	3823 240TH PL SE
14 CITY ST ZIP	SEATTLE WA	14 CITY ST ZIP	ISSAQUAH, WA 98029
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul S Herskowitz **PRESIDENT** 7-18-95 206-283-7708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0402237 FP