

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000628

Entity Name: SAFEWORKS LLC

FILED
Feb 27, 2006
Secretary of State

Current Principal Place of Business:

365 UPLAND DRIVE
TUKWILA, WA 98188 US

New Principal Place of Business:

Current Mailing Address:

365 UPLAND DRIVE
TUKWILA, WA 98188 US

New Mailing Address:

FEI Number: 91-1849277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PADDEN, RICHARD J
Address: 365 UPLAND DRIVE
City-St-Zip: TUKWILA, WA 98188

Title: MGR () Delete
Name: DURRETT, RICHARD D JR.
Address: 365 UPLAND DRIVE
City-St-Zip: TUKWILA, WA 98188

Title: MGR () Delete
Name: DAVIS, WILLIAM A
Address: 365 UPLAND DRIVE
City-St-Zip: TUKWILA, WA 98188

Title: MGR () Delete
Name: VOELLER, DAVE
Address: 365 UPLAND DRIVE
City-St-Zip: TUKWILA, WA 98188

Title: MGR () Delete
Name: MOFFETT, DAVID R
Address: 365 UPLAND DRIVE
City-St-Zip: TUKWILA, WA 98188

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRANDON MILES

AGT

02/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date