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Mar 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P03549 (3)  
1. Corporation Name  
CONTRACTORS BONDING AND INSURANCE COMPANY

Principal Place of Business  
1213 VALLEY STREET  
PO BOX 9271, QUEEN ANNE STATION  
SEATTLE WA 98109

Mailing Address  
1213 VALLEY STREET  
PO BOX 9271, QUEEN ANNE STATION  
SEATTLE WA 98109-0271



3. Date Incorporated or Qualified 10/01/1984	3a. Date of Last Report 02/26/1996
4. FEI Number 91-1082952	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THIEL, RICHARD L.	1.2 NAME	Bak, Richard S.
STREET ADDRESS	25508 SHAWNEE DRIVE.	1.3 STREET ADDRESS	1004 Skyline Circle
CITY - ST - ZIP	EL TORO CA	1.4 CITY - ST - ZIP	Audubon, PA 19403
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MRKVICKA, MARC A.	2.2 NAME	
STREET ADDRESS	5719 CONISTON RD NE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SEATTLE WA	2.4 CITY - ST - ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIRKIN, DONALD	3.2 NAME	
STREET ADDRESS	4735 WEST BERTONA	3.3 STREET ADDRESS	
CITY - ST - ZIP	SEATTLE WA	3.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELAND, R KIRK	4.2 NAME	Eland, R. Kirk
STREET ADDRESS	7135 W SUNNYSIDE DR	4.3 STREET ADDRESS	23 East 15th Street
CITY - ST - ZIP	SCOTTSDALE AZ	4.4 CITY - ST - ZIP	Tempe, AZ 85281
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINES, STEVEN A.	5.2 NAME	Gaines, Steven A.
STREET ADDRESS	2077 SAWDUSH HILL RD.	5.3 STREET ADDRESS	1301 Spring Street
CITY - ST - ZIP	POULSBORO WA	5.4 CITY - ST - ZIP	Seattle, WA 98104
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: Steven A. Gaines President 02/18/97 (206)622-7053  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)