2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# P03549

Entity Name: CONTRACTORS BONDING AND INSURANCE COMPANY

Current Principal Place of Business:

1213 VALLEY STREET
PO BOX 9271, QUEEN ANNE STATION
SEATTLE, WA 98109

New Principal Place of Business:

1213 VALLEY STREET
SEATTLE, WA 98109 US

Current Mailing Address:

1213 VALLEY STREET
PO BOX 9271, QUEEN ANNE STATION
SEATTLE, WA 98109

New Mailing Address:

1213 VALLEY STREET
SEATTLE, WA 98109 US

FEI Number: 91-1082952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: BYERS, LARRY
Address: 34468 8TH AVE SW
City-St-Zip: FEDERAL WAY, WA 98023

Title: CD ( ) Delete
Name: SIRKIN, DONALD,
Address: 4735 WEST BERTONA
City-St-Zip: SEATTLE, WA

Title: DS ( ) Delete
Name: ELAND, R KIRK,
Address: 3439 MAGNOLIA BLVD. W
City-St-Zip: SEATTLE, WA 98199

Title: T ( ) Delete
Name: OGLE, ROBERT M
Address: 29621 60TH CT S
City-St-Zip: AUBURN, WA 98001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CDP (X) Change ( ) Addition
Name: SIRKIN, DONALD
Address: 4735 WEST BERTONA
City-St-Zip: SEATTLE, WA 98199

Title: DS (X) Change ( ) Addition
Name: ELAND, KIRK R
Address: 3439 MAGNOLIA BLVD. W
City-St-Zip: SEATTLE, WA 98199

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD SIRKIN CDP 01/14/2009
Electronic Signature of Signing Officer or Director Date