

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P09297 (3)
1. Corporation Name
EKONO, INC.



Principal Place of Business
**1601-114TH AVE., S.E. #140
BELLEVUE WA 98004-3904**

Mailing Address
**1601-114TH AVE., S.E. #140
BELLEVUE WA 98004-3904**

3. Date Incorporated or Qualified
03/04/1986

3a. Date of Last Report
04/26/1995

4. FEI Number
91-0827389

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29

Country
25

Country
30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP ☐ DELETE
MANNISTO, HEIKKI, I
12145 SE 20TH PL
BELLEVUE WA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DVP ☐ DELETE
WINTER, PERTTI O
519 129TH AVE SE
BELLEVUE WA 98005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DS ☐ DELETE
MANNISTO, EVA, H
12145 SE 20TH PL
BELLEVUE WA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T ☐ DELETE
WINTER, EILA, L
519 129TH AVE SE
BELLEVUE WA 98005

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ DELETE
SEBBAS, LARS O
RICKHARDHIN KUJA 4
02700 KAUNIAINEN, FINLAND FI

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ DELETE
WESTERBERG, NORM
11045 SE 28TH PL
BELLEVUE WA 98004

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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: *Sandra B. Mortham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96 (206) 455-5969
Date Daytime Phone #

CR2E034 (12/95)