

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90039 045 ***150.00

DOCUMENT # **P09297**

1. Corporation Name
EKONO, INC.

Principal Place of Business

11061 NE 2ND ST
SUITE 107
BELLEVUE WA 98004-5845
US

Mailing Address

11061 NE 2ND ST
SUITE 107
BELLEVUE WA 98004-5845
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1986

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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

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

TITLE ☐ DELETE

NAME **DP MANNISTO, HEIKKI, I**
STREET ADDRESS **12145 SE 20TH PL**
CITY-ST-ZIP **BELLEVUE WA**

TITLE ☐ DELETE

NAME **DVP WINTER, PERTTI O**
STREET ADDRESS **519 129TH AVE SE**
CITY-ST-ZIP **BELLEVUE WA 98005**

TITLE ☐ DELETE

NAME **DS MANNISTO, EVA, H**
STREET ADDRESS **12145 SE 20TH PL**
CITY-ST-ZIP **BELLEVUE WA**

TITLE ☐ DELETE

NAME **T WINTER, EILA, L**
STREET ADDRESS **519 129TH AVE SE**
CITY-ST-ZIP **BELLEVUE WA 98005**

TITLE ☐ DELETE

NAME **D SEBBAS, LARS O**
STREET ADDRESS **RICKHARDHIN KUJA 4**
CITY-ST-ZIP **02700 KAUNIAINEN, FINLAND FI**

TITLE ☐ DELETE

NAME **D WESTERBERG, NORM**
STREET ADDRESS **11045 SE 28TH PL**
CITY-ST-ZIP **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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)