

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90003 028 ***150.00

DOCUMENT # P11687

1. Entity Name
THE SCRANTON OUTLET CORPORATION



Principal Place of Business
**1700 WESTLAKE AVENUE N
STE 200
SEATTLE, WA 98109-3012**

Mailing Address
**1700 WESTLAKE AVENUE N
STE 200
SEATTLE, WA 98109-3012**

50024723



07252006 No Chg-P CR2E034 (11/05)

4. FEI Number
36-2956896

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
TOLAND, MARVIN
11811 HOLMES POINT DR
KIRKLAND, WA 98034**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S (ASST.)
GOWEY, DAVE
4652 NE 178TH ST
LAKE FOREST, WA 98155**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO & Director
GREENSTEIN, DAVID
1 MADISON AVE
NORWOOD, NJ 07648**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
GREENSTEIN, STEVEN
5218 W. MERCER WAY
MERCER IS. WA 98040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other life empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Assist, Secretary

8-1-06

206-270-5300