

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90082 047 ***150.00

C0009154



DO NOT WRITE IN THIS SPACE

DOCUMENT # P11844

1. Entity Name

VAN WATERS & ROGERS INC.

Principal Place of Business

Mailing Address

6100 CARILLON POINT
 KIRKLAND WA 98033
 US

P O BOX 34325
 SEATTLE WA 98124-1325
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **91-1347935**

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOUGH, PAUL	
STREET ADDRESS	6100 CAR	
CITY-ST-ZIP	KIRKLAND WA	
TITLE	V	<input type="checkbox"/> Delete
NAME	HECKENBERG, BRUCE	
STREET ADDRESS	6100 CARILLON PT	
CITY-ST-ZIP	KIRKLAND WA	
TITLE	V	<input type="checkbox"/> Delete
NAME	CATES, BEVAN A.	
STREET ADDRESS	6100 CARILLON PT	
CITY-ST-ZIP	KIRKLAND WA	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BUTLER, WILLIAM, A	
STREET ADDRESS	6100 CARILLON PT	
CITY-ST-ZIP	KIRKLAND WA	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	PRUITT, GARY E.	
STREET ADDRESS	6100 CARILLON PT	
CITY-ST-ZIP	KIRKLAND WA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GROTHEER, WAYNE	
STREET ADDRESS	6100 CARILLON POINT	
CITY-ST-ZIP	KIRKLAND WA 98033	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

SEE LIST FOR ADDITIONAL OFFICERS

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William A. Butler Date: 1/12/2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # (425) 889-3733

CR2E034 (9/99)