FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:06

DOCUMENT # P12534 (4)

1. Corporation Name
GACO WESTERN, INC.

Principal Place of Business	Mailing Address
18700 SOUTH CENTER PKWY SEATTLE WA 98188 US	PO BOX 88698 SEATTLE WA 98138

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/16/1986	3a. Date of Last Report: 03/30/1994
4. FEI Number: 91-0498703	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	V ☐ Change ☒ Addition
NAME	DAVIS, PETER	1.2 NAME	FREEMESSER, JAMES
STREET ADDRESS	2001 3RD AVE. N.	1.3 STREET ADDRESS	5 PINE CREEK LANE
CITY-ST-ZIP	SEATTLE WA	1.4 CITY-ST-ZIP	ROCHESTER NY
TITLE	VD	2.1 TITLE	V ☐ Change ☒ Addition
NAME	SHACKELFORD, WILLIAM	2.2 NAME	JENKINS, ADRIAN
STREET ADDRESS	3330 236TH S.W.	2.3 STREET ADDRESS	29655 57TH PL. S
CITY-ST-ZIP	EDMONDS WA	2.4 CITY-ST-ZIP	AUBURN WA
TITLE	SD	3.1 TITLE	V ☐ Change ☒ Addition
NAME	MITCHELL, HUGH B.	3.2 NAME	O'LEARY, MICHAEL
STREET ADDRESS	3220 MAGNOLIA BLVD. WEST	3.3 STREET ADDRESS	3412 11TH AVE WEST
CITY-ST-ZIP	SEATTLE WA	3.4 CITY-ST-ZIP	SEATTLE WA
TITLE	PD	4.1 TITLE	V ☐ Change ☒ Addition
NAME	HAZARD, JAMES	4.2 NAME	POLAK, DIETER
STREET ADDRESS	17317 NE 23RD COURT	4.3 STREET ADDRESS	N26 W26707 HIGHWAY SS
CITY-ST-ZIP	REDMOND WA	4.4 CITY-ST-ZIP	PEWAUKEE WI
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, AUBREY	5.2 NAME	
STREET ADDRESS	3804 GREEN BRIER LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	MERCER ISLAND WA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, BRUCE	6.2 NAME	
STREET ADDRESS	3220 MAGNOLIA BLVD WEST	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	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)(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.

SIGNATURE: _____ 1/13/95 206-575-0450
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number
MICHAEL C. O'LEARY

0402260 FP