

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 # **P12534** (4)

1. Corporation Name

GACO WESTERN, INC.

Principal Place of Business

**18700 SOUTH CENTER PKWY
SEATTLE WA 98188
US**

Mailing Address

**PO BOX 88696
SEATTLE WA 98138**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
12/16/1986

3a. Date of Last Report
02/15/1995

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

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

CD DAVIS, PETER ☐ DELETE

2001 3RD AVE. N. SEATTLE WA

VD SHACKELFORD, WILLIAM ☒ DELETE

3330 236TH S.W. EDMONDS WA

SD MITCHELL, HUGH B. ☐ DELETE

3220 MAGNOLIA BLVD. WEST SEATTLE WA

PD HAZARD, JAMES ☒ DELETE

17317 NE 23RD COURT REDMOND WA

D DAVIS, AUBREY ☐ DELETE

3804 GREEN BRIER LN MERCER ISLAND WA

D MITCHELL, BRUCE ☐ DELETE

3220 MAGNOLIA BLVD WEST SEATTLE WA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME DAVIS, PETER

1.3 STREET ADDRESS 2011 3RD AVE. N.

1.4 CITY-STATE-ZIP SEATTLE WA 98109

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME FREEMESSER, JAMES L.

2.3 STREET ADDRESS 5 PINE CREEK LANE

2.4 CITY-STATE-ZIP ROCHESTER NY 14626

3.1 TITLE V ☐ Change ☒ Addition

3.2 NAME JENKINS, ADRIAN L.

3.3 STREET ADDRESS 29655 57TH PL. S.

3.4 CITY-STATE-ZIP AUBURN WA 98001

4.1 TITLE V ☐ Change ☒ Addition

4.2 NAME O'LEARY, MICHAEL C.

4.3 STREET ADDRESS 3412 11TH AVE. WEST

4.4 CITY-STATE-ZIP SEATTLE WA 98119

5.1 TITLE CD ☒ Change ☐ Addition

5.2 NAME DAVIS, AUBREY

5.3 STREET ADDRESS 3804 GREEN BRIER LANE

5.4 CITY-STATE-ZIP MERCER ISLAND WA 98040

6.1 TITLE V ☐ Change ☒ Addition

6.2 NAME POLAK, DIETER

6.3 STREET ADDRESS N26 W26797 HIGHWAY SS

6.4 CITY-STATE-ZIP PEWAUKEE WI 53072

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96

206-575-0450

CR2E034 (12/95)