

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

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Apr 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P12534** (4)

1. Corporation Name  
**GACO WESTERN, INC.**

Principal Place of Business <b>18700 SOUTH CENTER PKWY SEATTLE WA 98188 US</b>	Mailing Address <b>PO BOX 88688 SEATTLE WA 98138-2888</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/16/1986</b>	3a. Date of Last Report <b>03/11/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>91-0498703</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, PETER</b>	1.2 NAME	<b>DAVIS, PETER</b>
STREET ADDRESS	<b>2011 3RD AVENUE NORTH</b>	1.3 STREET ADDRESS	<b>2011 3RD AVE NORTH</b>
CITY-ST-ZIP	<b>SEATTLE WA</b>	1.4 CITY-ST-ZIP	<b>SEATTLE WA 98109</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FREEMESSER, JAMES L.</b>	2.2 NAME	<b>JENKINS, ADRIAN</b>
STREET ADDRESS	<b>5 PINE CREEK LANE</b>	2.3 STREET ADDRESS	<b>29655 5TH PL S</b>
CITY-ST-ZIP	<b>ROCHESTER NY</b>	2.4 CITY-ST-ZIP	<b>AUBURN WA 98001</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITCHELL, HUGH B.</b>	3.2 NAME	
STREET ADDRESS	<b>29855 57TH PLACESOUTH</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AUBURN WA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>ASSISTANT SECRETARY / V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'LEARY, MICHAEL C</b>	4.2 NAME	<b>O'LEARY, MICHAEL C</b>
STREET ADDRESS	<b>3412 11TH AVENUE WEST</b>	4.3 STREET ADDRESS	<b>3412 11TH AVENUE WEST</b>
CITY-ST-ZIP	<b>SEATTLE WA</b>	4.4 CITY-ST-ZIP	<b>SEATTLE WA 98119</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>C/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, AUBREY</b>	5.2 NAME	<b>DAVIS, AUBREY</b>
STREET ADDRESS	<b>3804 GREEN BRIER LANE</b>	5.3 STREET ADDRESS	<b>3804 GREEN BRIER LANE</b>
CITY-ST-ZIP	<b>MERCER ISLAND WA</b>	5.4 CITY-ST-ZIP	<b>MERCER ISLAND, WA 98040</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MITCHELL, BRUCE</b>	6.2 NAME	
STREET ADDRESS	<b>3220 MAGNOLIA BLVD WEST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEATTLE WA</b>	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **MICHAEL C. O'LEARY** 4-8-97 206-575-0450  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)