
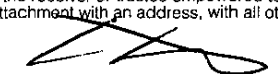


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90081 021 \*\*\*150.00

<b>DOCUMENT # P12534</b> 1. Entity Name <b>GACO WESTERN, INC.</b>					
Principal Place of Business <b>18700 SOUTH CENTER PKWY</b> <b>SEATTLE, WA 98188 US</b>			Mailing Address <b>PO BOX 88698</b> <b>SEATTLE, WA 98138</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03112004 Chg-P CR2E034 (10/03)	
4. FEI Number <b>91-0498703</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDS</b> <b>DAVIS, PETER</b> <b>2011 3RD AVENUE NORTH</b> <b>SEATTLE, WA</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SAME</b> <b>SAME</b> <b>SAME</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FREEMESSER, JAMES L.</b> <b>5 PINE CREEK LANE</b> <b>ROCHESTER, NY</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CONTROLLER</b> <b>ERIC NARIMATSU</b> <b>2219 240th AVE SE</b> <b>SAMMAMISH WA 98075</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>JENKINS, ADRIAN</b> <b>29655 57TH PL S.</b> <b>AUBURN, WA 98001</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDS</b> <b>SAME</b> <b>SAME</b> <b>SAME</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OLCHEFSKE, JOSEPH</b> <b>2030 WESTERN AVE.</b> <b>SEATTLE, WA 98121</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>DAVIS, AUBREY</b> <b>3804 GREEN BRIER LANE</b> <b>MERCER ISLAND, WA</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALEXANDER, ROBERT</b> <b>2021 1ST AVE D2</b> <b>SEATTLE, WA 98121</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>ERIC NARIMATSU</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>3-12-04</b> Daytime Phone # <b>206-357-2727</b>		

*Attachment*  
*D# P12534*

91-0498703

**GACO WESTERN INC - DIRECTORS**

DAVIS, AUBREY  
3804 GREENBRIER LANE  
MERCER ISLAND WA 98040

ALEXANDER, ROBERT  
2021 1st AVE D2  
SEATTLE WA 98121  
206-325-3161

DAVIS, PETER  
2011 3rd AVE N  
SEATTLE WA 98109  
206-284-7089

JENKINS, ADRIAN L.  
29655 57th PLACE S  
AUBURN WA 98001  
253-839-0238

OLCHEFSKE, JOSEPH  
2030 WESTERN AVE  
SEATTLE WA 98121  
206-448-6625

**GACO WESTERN INC - CORPORATE OFFICERS**

*attachment*  
*D/P 12534*  
91-0498703

DAVIS, AUBREY  
3804 GREENBRIER LANE  
MERCER ISLAND WA 98040

CHAIR

DAVIS, PETER  
2011 3rd AVE N  
SEATTLE WA 98109  
206-284-7089

PRESIDENT  
CEO

JENKINS, ADRIAN L.  
29655-57th PLACE S  
AUBURN WA 98001  
253-839-0238

SENIOR VICE PRESIDENT - OPERATIONS  
~~SECRETARY~~

NARIMATSU, ERIC  
2219 240th AVE SE  
SAMMAMISH WA 98075  
425-369-8208

CONTROLLER

SCHWECHLER, IRENE  
S42 W27087 OVERLOOK LANE  
WAUKESHA WI 53189  
262-544-4570

VICE PRESIDENT - WAUKESHA  
GENERAL MANAGER - WAUKESHA

de la CRUZ, NARCISO  
10017 35th AVE NE  
SEATTLE WA 98125  
206-522-2125

TECHNICAL DIRECTOR

JOHNSON, ROBERT  
17161 SE 100th ST  
RENTON WA 98059  
425-687-8846

GENERAL MANAGER - SEATTLE

SKALSKI, CHARLES  
99 HUNTERS RIDGE ROAD  
ORCHARD PARK NY 14127  
716-677-4654

SALES MANAGER