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Feb 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P17864

(0)

1. Corporation Name
SPI/JUPITER INC.



Principal Place of Business

1201 THIRD AVENUE
#5400
SEATTLE WA 98101
US

Mailing Address

1201 THIRD AVENUE
#5400
SEATTLE WA 98101-3001
US

3. Date Incorporated or Qualified
02/02/1988

3a. Date of Last Report
04/04/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

91-1390287

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

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PFLEGER, PAUL A	
STREET ADDRESS	1801 5TH AVENUE #1900	
CITY - ST - ZIP	SEATTLE WA	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	OREHEK, JOHN M	
STREET ADDRESS	1801 5TH AVENUE #1900	
CITY - ST - ZIP	SEATTLE WA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FUKBRIGHT, MICHAEL	
STREET ADDRESS	1801 5TH AVENUE #1900	
CITY - ST - ZIP	SEATTLE WA	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, BRANDY A.	
STREET ADDRESS	1801 5TH AVE.	
CITY - ST - ZIP	SEATTLE WA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PFLEGER, PAUL H.
1.3 STREET ADDRESS	1201 3rd Avenue #5400
1.4 CITY - ST - ZIP	SEATTLE WA 98101
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD
2.3 STREET ADDRESS	OREHEK, JOHN M
2.4 CITY - ST - ZIP	1201 3rd Avenue #5400 Seattle WA 98101
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Assistant Secretary
3.3 STREET ADDRESS	FULBRIGHT, MICHAEL
3.4 CITY - ST - ZIP	1201 3rd Avenue #5400 Seattle WA 98101
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Secretary
4.3 STREET ADDRESS	Paul F. Muttu
4.4 CITY - ST - ZIP	1201 3rd Avenue # 5400 Seattle WA 98101
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Paul F. Muttu Paul F. Muttu 1/28/97 206-622-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)