

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90133 048 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P18981

1. Corporation Name
CORUS BRANDS, INC.

| | |
|--|--|
| Principal Place of Business 14030 N.E. 145TH ST. P.O. BOX 1248 WOODINVILLE WA 98072 | Mailing Address 14030 N.E. 145TH ST. P.O. BOX 1248 WOODINVILLE WA 98072 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 04/25/1988 | |
| 4. FEI Number 91-0779426 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 | 85 Zip Code |

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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

| | | | | |
|-------|------------------------|-----------------------------|-------------------|--|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| XD | ZELLWEGER, MAX | 10822 80TH PL, N.E. | KIRKLAND WA | |
| VD | LAKE, DAVID | 14030 N.E. 145TH ST. | WOODINVILLE WA | |
| D | BRANDSTROM, RAYMOND R. | 2105 N. 30TH | TACOMA WA | |
| T | PACTRICK DUFF | 5337 VILLAGE PK DR SE #2341 | BELLEVUE WA 98006 | <input checked="" type="checkbox"/> DELETE |
| DC | DANIEL R BATY | 3131 ELLIOT AVE #500 | SEATTLE WA 98121 | |
| S | HIGHTOWER, TIMOTHY J | 105 WARD ST #101 | SEATTLE WA | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | D max Zellweger |
| 1.3 STREET ADDRESS | 10822 80th Pl. NE |
| 1.4 CITY-ST-ZIP | Kirkland, WA 98034 |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | P Andrew Browne |
| 2.3 STREET ADDRESS | 1730 238th Pl. NE |
| 2.4 CITY-ST-ZIP | Redmond, WA 98053 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | T Charles Michael Williamson |
| 4.3 STREET ADDRESS | 15231 34th Dr. SE |
| 4.4 CITY-ST-ZIP | Millcreek WA 98012 |
| 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 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: Timothy Hightower, Secretary (4/30/99) (425) 488-8114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0123378

CR2E034 (5/99)