

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

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

03-09-1999 90133 048 \*\*\*150.00

**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

3. Date Incorporated or Qualified

**04/25/1988**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

**91-0779426**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐ 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>D max Zellweger</b>
1.3 STREET ADDRESS	<b>10822 80th Pl. NE</b>
1.4 CITY-ST-ZIP	<b>Kirkland, WA 98034</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>P Andrew Browne</b>
2.3 STREET ADDRESS	<b>1730 238th Pl. NE</b>
2.4 CITY-ST-ZIP	<b>Redmond, WA 98053</b>
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	<b>T Charles Michael Williamson</b>
4.3 STREET ADDRESS	<b>15231 34th Dr. SE</b>
4.4 CITY-ST-ZIP	<b>Millcreek, WA 98012</b>
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:

**SIGNATURE REQUIRED**  
Signature and typed or printed name of signing officer or director  
**Timothy Hightower, Secretary 6/30/99 (425) 488-8114**

CR2E034 (5/99)

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