

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P18981

1. Entity Name

CORUS BRANDS, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90070 022 ***150.00

628279



DO NOT WRITE IN THIS SPACE

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 98072-1248

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **91-0779426**
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZELLWEGER, MAX		NAME	BROWNE, ANDREW	
STREET ADDRESS	10822 80TH PL, N.E.		STREET ADDRESS	1730 233rd Place N.E.	
CITY-ST-ZIP	KIRKLAND WA 98034		CITY-ST-ZIP	Redmond, WA 98053	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAKE, DAVID		NAME	Baty, Stan	
STREET ADDRESS	14030 N.E. 145TH ST.		STREET ADDRESS	3131 Elliot Ave Ste. 500	
CITY-ST-ZIP	WOODINVILLE WA		CITY-ST-ZIP	Seattle, WA 98121	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDSTROM, RAYMOND R.		NAME		
STREET ADDRESS	2105 N. 30TH		STREET ADDRESS		
CITY-ST-ZIP	TACOMA WA		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, CHARLES M		NAME		
STREET ADDRESS	15231 34TH DR SE		STREET ADDRESS		
CITY-ST-ZIP	MILLCREEK WA 98012		CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL R BATY		NAME		
STREET ADDRESS	3131 ELLIOT AVE #500		STREET ADDRESS		
CITY-ST-ZIP	SEATTLE WA 98121		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGHTOWER, TIMOTHY J		NAME	Hightower, Timothy J	
STREET ADDRESS	105 WARD ST #101		STREET ADDRESS	18705 NE 165th Street	
CITY-ST-ZIP	SEATTLE WA		CITY-ST-ZIP	Woodinville, WA 98072	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Timothy Hightower **Timothy Hightower, Secretary** 3/2/00 (425) 488-8164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)