

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P25381**

1. Entity Name

CALLISON ARCHITECTURE, INC.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90072 041 ***150.00

Principal Place of Business

**1420 FIFTH AVE., STE 2400
SEATTLE WA 98101**

Mailing Address

**1420 FIFTH AVE., STE 2400
SEATTLE WA 98101**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

91-0952399

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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

TITLE	SP	<input type="checkbox"/> Delete
NAME	KARST, WILLIAM	
STREET ADDRESS	1420 5TH AVE., SUITE 2400	
CITY-ST-ZIP	SEATTLE WA 98101-2343	
TITLE	P	<input type="checkbox"/> Delete
NAME	TINDALL, ROBERT	
STREET ADDRESS	1420 5TH AVE, SUITE 2400	
CITY-ST-ZIP	SEATTLE WA 98101-2343	
TITLE	T	<input type="checkbox"/> Delete
NAME	TINDALL, ROBERT	
STREET ADDRESS	1420 5TH AVE, SUITE 2400	
CITY-ST-ZIP	SEATTLE WA	
TITLE	COO	<input type="checkbox"/> Delete
NAME	EPPLER, STEVEN	
STREET ADDRESS	1420 5TH AVE STE 2400	
CITY-ST-ZIP	SEATTLE WA 98101	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

3. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Tindall, President 1/29/2002 206-623-4646

Date

Daytime Phone #

CR2E034 (9/01)