## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED** May 28 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (6)JAY JACOBS, INC. Principal Place of Business Mailing Address 1530 FIFTH AVENUE 1530 FIFTH AVENUE SEATTLE WA 98101 SEATTLE WA 98101 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/29/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 91-0698077 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23  $\Box$ 28 Trust Fund Contribution Added to Fees Zip Country Żφ Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM 81 Name 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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. Lam 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.11016 Change Addition J**a**gobs, J. Jay NAME 1.2 NAME 1530 8TH AVE STREET ADDRESS 1.3 STREET ADDRESS SEATTLE WA CITY-ST-ZIF 1.4 CHY-ST-ZIP PCEO DELETE TITLE Change 211011 Addition STEFFEY, REX NAME 2.2 NAME 1530 5TH AVE STREET ADORESS 2 3 STREET ADDRESS **BELLEVUE WA** CITY-ST-ZIP 2. 4 C(TY - ST - Z)P TITLE DELETE 3.1 TITLE \_\_ Change Addition Wildiams, dóris NAME 3.2 NAME 1530 5TH AVE STREET ADDRESS 3.3 STREET ADDRESS SÉATTLE VA CITY-ST-ZIP 3.4. CITY-ST-7/P VCFO DELETE TITLE 4.1 TITLE Change Addition LAWRENCE, WILLIAM L JR NAME 4. 2 NAME 1530 5TH AVE STREET ADDRESS 4.3 STREET ADDRESS **SEATTLE WA** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 HILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby 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 procedule this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an ac

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE

6.2 NAME

DEFLLE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME