

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90044 013 ***150.00

DOCUMENT # P36561

1. Corporation Name
WATERSIDE INNS, INC.

Principal Place of Business

25 CENTRAL WAY., STE 400
KIRKLAND WA 98033
US

Mailing Address

25 CENTRAL WAY., STE 400
KIRKLAND WA 98033
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1991

4. FEI Number
91-1537313

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 570 KIRKLAND WAY
Suite, Apt. #, etc.

22 SUITE 100

City & State

23 KIRKLAND, WA

Zip

24 98033

Country

25 USA

2a. Mailing Address

26 570 KIRKLAND WAY
Suite, Apt. #, etc.

27 SUITE 100

City & State

28 KIRKLAND, WA

Zip

29 98033

Country

30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE FL 32301

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 ☐ DELETE

TITLE S
NAME DONOGHUE, JOHN M.
STREET ADDRESS 25 CENTRAL WAY., STE 400
CITY-ST-ZIP KIRKLAND WA 98033

TITLE P ☐ DELETE

NAME COLEE, PATRICK R
STREET ADDRESS 25 CENTRAL WAY., STE 400
CITY-ST-ZIP KIRKLAND WA 98033

TITLE VP ☐ DELETE

NAME BROWN, PHILIP A
STREET ADDRESS 25 CENTRAL WAY., STE 400
CITY-ST-ZIP KIRKLAND WA 98033

TITLE T ☐ DELETE

NAME BENECKE, MICHAEL J.
STREET ADDRESS 25 CENTRAL WAY, SUITE 400
CITY-ST-ZIP KIRKLAND WA 98033

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 570 KIRKLAND WAY
1.4 CITY-ST-ZIP KIRKLAND, WA 98033

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 570 KIRKLAND WAY
2.4 CITY-ST-ZIP KIRKLAND, WA 98033

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 570 KIRKLAND WAY
3.4 CITY-ST-ZIP KIRKLAND, WA 98033

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 570 KIRKLAND WAY
4.4 CITY-ST-ZIP KIRKLAND, WA 98033

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

BY: MICHAEL BENECKE
ITS TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99

425-827-8737

Date

Daytime Phone #

CR2E034 (11/98)