

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

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Jul 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P40203

(2)

1. Corporation Name
ATG I, INC.



Principal Place of Business 5000 CARILLON POINT KIRKLAND WA 98033	Mailing Address 5000 CARILLON POINT KIRKLAND WA 98033-7356
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date incorporated or Qualified 08/26/1992	3a. Date of Last Report 07/26/1996
		4. FEI Number 91-1499089	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 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
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP P HOOPER, STEVEN W. 5000 CARILLON POINT KIRKLAND WA 98033	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP P/D Daniel R. Hesse 5000 Carillon Point Kirkland, WA 98033
TITLE NAME STREET ADDRESS CITY-ST-ZIP S PERRY, WAYNE M. 5000 CARILLON POINT KIRKLAND WA 98033	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP S Gregory P. Landis 5000 Carillon Point Kirkland WA 98033
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP THOMAS, MARK U. 5000 CARILLON POINT KIRKLAND WA 98033	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPAS MARSH, JENNIFER 5000 CARILLON POINT KIRKLAND WA 98033	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP CFOT HUFF, ROLLA P. 5000 CARILLON POINT KIRKLAND WA 98033	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CFOT/P John D. Thompson 5000 Carillon Point Kirkland WA 98033
TITLE NAME STREET ADDRESS CITY-ST-ZIP SVPD QUARTNER, ANDREW A. 5000 CARILLON POINT KIRKLAND WA 98033	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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 _____

CR2E034 (9/96)