

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

DOCUMENT # P96000071955

1. Corporation Name
LINTERS INC.

Principal Place of Business
200 FIRST AVE. WEST
SUITE 505
SEATTLE WA 98119

Mailing Address
200 FIRST AVE. WEST
SUITE 505
SEATTLE WA 98119

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30
9. Name and Address of Current Registered Agent

HATHAWAY, RICHARD G
10151 DEERWOOD PARK BLVD, BLDG 100
SUITE 250
JACKSONVILLE FL 32256

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

Jack C. Caskey, Asst. Vice President

6/7/99

12. OFFICERS AND DIRECTORS

12.1 TITLE PD
12.2 NAME PATERSON-BROWN, TIMOTHY
12.3 STREET ADDRESS 200 FIRST AVE. WEST, SUITE 505
12.4 CITY-STATE-ZIP SEATTLE WA 98119

12.5 TITLE VSTD
12.6 NAME PATERSON-BROWN, WILLY
12.7 STREET ADDRESS 200 FIRST AVE. WEST, SUITE 505
12.8 CITY-STATE-ZIP SEATTLE WA 98119

12.9 TITLE
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY-STATE-ZIP

12.13 TITLE
12.14 NAME
12.15 STREET ADDRESS
12.16 CITY-STATE-ZIP

12.17 TITLE
12.18 NAME
12.19 STREET ADDRESS
12.20 CITY-STATE-ZIP

12.21 TITLE
12.22 NAME
12.23 STREET ADDRESS
12.24 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

99 JUN -9 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1996

4. FEI Number

59-3398526

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

10. Name and Address of New Registered Agent

81 Name C T Corporation System
82 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.

83

84 City Plantation

FL

85 Zip Code
33324

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-STATE-ZIP

13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-STATE-ZIP

13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-STATE-ZIP

13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-STATE-ZIP

13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-STATE-ZIP

13.21 TITLE
13.22 NAME
13.23 STREET ADDRESS
13.24 CITY-STATE-ZIP

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