

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000004980

Entity Name: YESLER, INC.

Current Principal Place of Business:

506 2ND AVE, SUITE 300
SEATTLE, WA 98104

Current Mailing Address:

506 2ND AVE, SUITE 300
SEATTLE, WA 98104 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title TREASURER
Name KICHLINE, MIKE
Address 506 2ND AVE, SUITE 300
City-State-Zip: SEATTLE WA 98104

Title SECRETARY
Name KICHLINE, MIKE
Address 506 2ND AVE, SUITE 300
City-State-Zip: SEATTLE WA 98104

Title DIRECTOR
Name JONES, DAVID
Address 506 2ND AVE, SUITE 300
City-State-Zip: SEATTLE WA 98104

Title DIRECTOR
Name KICHLINE, MIKE
Address 506 2ND AVE, SUITE 300
City-State-Zip: SEATTLE WA 98104

Title DIRECTOR
Name LEHDE, ANIKA
Address 506 2ND AVE, SUITE 300
City-State-Zip: SEATTLE WA 98104

Title COO
Name JONES, DAVID
Address 506 2ND AVE, SUITE 300
City-State-Zip: SEATTLE WA 98104

Title VP
Name LEHDE, ANIKA
Address 506 2ND AVE, SUITE 300
City-State-Zip: SEATTLE WA 98104

Title CEO
Name KICHLINE, MIKE
Address 506 2ND AVE, SUITE 300
City-State-Zip: SEATTLE WA 98104

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MIKE KICHLINE

CEO

05/28/2020

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date