



Filed  
Secretary of State  
State of Washington  
Date Filed: 02/22/2018  
Effective Date: 02/22/2018  
UBI #: 601 160 652

## EXPRESS ANNUAL REPORT WITH CHANGES

### BUSINESS INFORMATION

---

Business Name:  
**MENTAL HEALTH SERVICES OF SNOHOMISH COUNTY II**

UBI Number:  
**601 160 652**

Business Type:  
**WA PUBLIC BENEFIT CORPORATION**

Business Status:  
**ACTIVE**

Principal Office Street Address:  
**4526 FEDERAL AVE, MS. 30, EVERETT, WA, 98203-2132, USA**

Principal Office Mailing Address:  
**4526 FEDERAL AVE, MS. 30, EVERETT, WA, 98203-2132, USA**

Expiration Date:  
**02/28/2019**

Jurisdiction:  
**UNITED STATES, WASHINGTON**

Formation/Registration Date:  
**02/06/1989**

Period of Duration:  
**PERPETUAL**

Inactive Date:

Nature of Business:

### REGISTERED AGENT [RCW 23.95.410](#)

---

Registered Agent Name	Street Address	Mailing Address
COMPASS HEALTH	4526 FEDERAL AVE, EVERETT, WA, 98203-0000, UNITED STATES	PO BOX 3810, EVERETT, WA, 98213-0000, UNITED STATES

### PRINCIPAL OFFICE

---

Phone:  
**425-349-8413**

Email:  
**MISSY.JUDD@COMPASSH.ORG**

Street Address:

**4526 FEDERAL AVE, MS. 30, EVERETT, WA, 98203-2132, USA**

Mailing Address:

**4526 FEDERAL AVE, MS. 30, EVERETT, WA, 98203-2132, USA**

## GOVERNORS

---

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		DAVE	SCHNEIDER
GOVERNOR	INDIVIDUAL		LAURA	CARLSEN
GOVERNOR	INDIVIDUAL		CHRISTINE	PARKES
GOVERNOR	INDIVIDUAL		TOM	SEBASTIAN

## NATURE OF BUSINESS

---

CHARITABLE

## EFFECTIVE DATE

---

Effective Date:

**02/22/2018**

## CONTROLLING INTEREST

---

Does your company own real property (including leasehold interests) in Washington?

**NO**

## RETURN ADDRESS FOR THIS FILING

---

Attention:

Email:

Address:

## AUTHORIZED PERSON

---

Person Type:

**INDIVIDUAL**

First Name:

**TOM**

Last Name:

**SEBASTIAN**

Title:

**PRESIDENT/CEO**

This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.