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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: TRILOGY SOFTWARE, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following: **500003188505-1**
DANIELLE DICKIE **-03/29/00-01054-010**
(Name of Person) *******87.50 *****87.50**

TRILOGY SOFTWARE, INC.
(Firm/Company)

4030 LAKE WASHINGTON BVD NE, SUITE 205
(Address)

KIRKLAND WA 98033
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

DANIELLE DICKIE at (800) 742-3389 x10
(Name of Person) (Area Code & Daytime Telephone Number)

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00 MAR 29 PM 10:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

mtw
3/31

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. TRILOGY SOFTWARE, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. WASHINGTON 3. 33-0522209
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/26/1992 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 3/16/2000
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 4030 LAKE WASHINGTON BLVD, NE, SUITE 205
KIRKLAND WA 98033
(Current mailing address)

8. SALES AND TECHNICAL SUPPORT FOR COMPUTER SOFTWARE
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

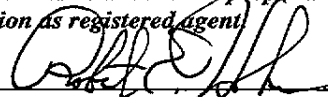
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: BOB HOLM
Office Address: 950 N. COLLIER BLVD, SUITE 426
MARCO ISLAND, Florida, 34145
(Zip code)

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TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: PLEASE SEE ATTACHED

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

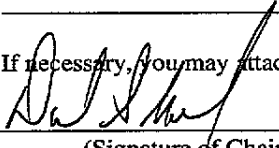
Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DARRYL MADISON, SECRETARY / TREASURER
(Typed or printed name and capacity of person signing application)

Directors

Chairman: Ronald Higgins
Address: 4030 Lake Washington Blvd. NE, #205
Kirkland, WA 98033

Director: Darryl Madison
Address: 4030 Lake Washington Blvd. NE, #205
Kirkland, WA 98033

Director: Ronald Welker
Address: 4030 Lake Washington Blvd. NE, #205
Kirkland, WA 98033

Director: Bob Holm
Address: 950 N Collier Blvd., Suite 426
Marco Island, FL 34145

Director: John Tyson
Address: 5480 Reed St.,
Arvada, CO 80002

Officers

President: Doug Ebstyn
Address: 4030 Lake Washington Blvd. NE, #205
Kirkland, WA 98033

Vice President: Ronald Higgins
Address: 4030 Lake Washington Blvd. NE, #205
Kirkland, WA 98033

Secretary: Darryl Madison
Address: 4030 Lake Washington Blvd. NE, #205
Kirkland, WA 98033

Treasurer: Darryl Madison
Address: 4030 Lake Washington Blvd. NE, #205
Kirkland, WA 98033

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE of WASHINGTON



SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal,

hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

TRILOGY SOFTWARE, INC.

I FURTHER CERTIFY that the records on file in this office show that the

above named profit corporation was formed under the laws of the
State of Washington and was issued a Certificate of Incorporation
in Washington on March 26, 1992.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution
have been filed, and that the corporation is duly authorized to
transact business in the corporate form in the State of Washington.

FILED
00 MAR 29 10:04
SECRETARY OF STATE
TALLMANSIDE, WASH DC



Date: March 24, 2000

Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

SBE
Ralph Munro, Secretary of State