

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90031 034 \*\*\*158.75

**DOCUMENT # F00000001803**

1. Entity Name  
**TRILOGY SOFTWARE, INC.**

Principal Place of Business <b>4030 LAKE WASHINGTON BLVD., NE                  STE 205                  KIRKLAND WA 98033</b>	Mailing Address <b>4030 LAKE WASHINGTON BLVD., NE                  STE 205                  KIRKLAND WA 98033</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>901 104th AVE NE</b>	3. Mailing Address <b>901 104th AVE NE</b>
Suite, Apt. #, etc. <b>200</b>	Suite, Apt. #, etc. <b>200</b>
City & State <b>BELLEVUE WA</b>	City & State <b>BELLEVUE WA</b>
Zip <b>98004</b>	Country <b>USA</b>

4. FEI Number <b>33-0522209</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>HOLM, BOB                  950 N. COLLIER BLVD., STE 426                  MARCO ISLAND FL 34145</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	EBSTYNE, DOUG 4030 LAKE WASHINGTON BLVD NE, #205 KIRKLAND WA	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	901 104th AVE NE #200 BELLEVUE WA 98004
TITLE V	HIGGINS, RONALD 4030 LAKE WASHINGTON BLVD NE, #205 KIRKLAND WA	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	901 104th AVE NE #200 BELLEVUE WA 98004
TITLE VTD	MADISON, DARRYL 4030 LAKE WASHINGTON BLVD NE, #205 KIRKLAND WA	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DIRECTOR DAVID BLUHM 901 104th AVE NE #200 BELLEVUE WA 98004
TITLE D	WELKER, RONALD 4030 LAKE WASHINGTON BLVD NE, #205 KIRKLAND WA	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	HOLM, BOB 950 N COLLIER BLVD., STE 426 MARCO ISLAND FL	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SECRETARY / TREASURER
TITLE D	TYSON, JOHN 5480 REED ST. ARVADA CO	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bob Holm* Date: 4/20/01 Daytime Phone #: 425 709 2900

CR2E034 (10/00)