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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F93000001905

1. Corporation Name
CATAPULT, INC.



Principal Place of Business
**3830 MONTE VILLA PARKWAY
 BOTHELL WA 98021**

Mailing Address
**3830 MONTE VILLA PARKWAY
 BOTHELL WA 98021**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/20/1993

4. FEI Number
91-1471646

5. Certificate of Status Desired - Applied For
 Not Applicable
\$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

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSC	1.1 TITLE	Pres, Sec, Treas, CEO
NAME	RUKAMP, TOM	1.2 NAME	TOM RUTTKAMP
STREET ADDRESS	5276 REDFIELD CT	1.3 STREET ADDRESS	4981 - 163RD PLACE SE
CITY-ST-ZIP	DUNWOOD GA 30338	1.4 CITY-ST-ZIP	BELLEVUE, WA 98006
TITLE	AS	2.1 TITLE	AS
NAME	ROTHE, LOIS M	2.2 NAME	BARBARA SQUIER
STREET ADDRESS	6110 - 147TH CT. N.E.	2.3 STREET ADDRESS	8416 - 32nd Ave SW
CITY-ST-ZIP	REDMOND WA 98052	2.4 CITY-ST-ZIP	SEATTLE, WA 98126
TITLE	SVPA	3.1 TITLE	
NAME	TOBIAS, CAROLYN	3.2 NAME	
STREET ADDRESS	24301 S E 34TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ISSAQUAH WA 98029	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	DIRECTOR
NAME	FARRELL, JOHN	4.2 NAME	CURT VEHLIEN
STREET ADDRESS	1500 RIVEREDGE PKWY. R13B	4.3 STREET ADDRESS	IBM Ed. TRAINING, 1500 RIVEREDGE, ROUTE 13B
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	ATLANTA, GA 30328
TITLE		5.1 TITLE	COO, Sr. V.P.
NAME		5.2 NAME	THOMAS BAHN
STREET ADDRESS		5.3 STREET ADDRESS	17803 NE 33RD ST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	REDMOND, WA 98052
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental 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] DATE: 3/5/99 (425) 420-5400
Daytime Phone #

CR2E034 (1/1/98)