

2000 UNIFORM BUSINESS REPORT (UBR)

0585310

DOCUMENT # 341693

1. Entity Name
CYBERRECORD, INC.

FILED
00 FEB 25 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 10900 NE 8TH STREET SUITE 900 BELLEVUE WA 98004 US	Mailing Address 10900 NE 8TH STREET SUITE 900 BELLEVUE WA 98004-4448 US
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2. Principal Place of Business 800 Bellevue Way, NE Suite, Apt. #, etc. Suite 400 City & State Bellevue, WA Zip 98004	Country USA	3. Mailing Address 800 BELLEVUE WAY, NE Suite, Apt. #, etc. SUITE 400 City & State BELLEVUE WA Zip 98004	Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0940641	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ DATE **LS**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORIKAWA, THOMAS 10900 NE 8TH ST SUITE 900 BELLEVUE WA 98004	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, BRENT 10900 NE 8TH ST SUITE 900 BELLEVUE WA 98004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President James J. Lucas 401 100 Ave, NE Bellevue, WA 98004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Alva Dee Cravens 17235 Deerpark Road Los Gatos, CA 95032	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director William Altieri 675 Sharon Drive #304 Menlo Park, CA 95032	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100002156231--6 -03/03/00--01054--004 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JAMES LUCAS 401 100 AVE, NE BELLEVUE WA 98004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ALVA DEE CRAVENS 17235 DEERPARK ROAD LOS GATOS, CA 95032	<input type="checkbox"/> Change <input checked="" 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: _____ DATE **24 Feb. 00** (425) 990-5593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)