

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 4030 LAKE WASHINGTON BLVD., NE STE 205 KIRKLAND WA 98033	Mailing Address 4030 LAKE WASHINGTON BLVD., NE STE 205 KIRKLAND WA 98033
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2. Principal Place of Business 901 104TH AVE NE Suite, Apt. #, etc. 200	3. Mailing Address 901 104TH AVE NE Suite, Apt. #, etc. 200
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City & State BELLEVUE WA	City & State BELLEVUE WA
Zip 98004	Zip 98004
Country USA	Country USA

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HOLM, BOB
 950 N. COLLIER BLVD., STE 426
 MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____
Signature, typed or printed name of registered agent and title if applicable. (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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 EBSTYNE, DOUG 4030 LAKE WASHINGTON BLVD NE, #205 KIRKLAND WA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIGGINS, RONALD 4030 LAKE WASHINGTON BLVD NE, #205 KIRKLAND WA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MADISON, DARRYL 4030 LAKE WASHINGTON BLVD NE, #205 KIRKLAND WA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELKER, RONALD 4030 LAKE WASHINGTON BLVD NE, #205 KIRKLAND WA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLM, BOB 950 N COLLIER BLVD., STE 426 MARCO ISLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYSON, JOHN 5480 REED ST. ARVADA CO	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	901 104TH AVE NE #200 BELLEVUE WA 98004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	901 104TH AVE NE #200 BELLEVUE WA 98004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DAVID BLUHM 901 104TH AVE NE #200 BELLEVUE WA 98004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / TREASURER	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01
 Date

425 709 2900
 Daytime Phone #

CR2E034 (10/00)