

# 2002 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

0618891 AT

DOCUMENT # **F01000002139**

1. Entity Name,

**FRX SOFTWARE CORPORATION**

FILED

02 MAR -8 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**4700 S. SYRACUSE PARKWAY, #150  
DENVER CO 80237**

Mailing Address

**4700 S. SYRACUSE PARKWAY, #150  
DENVER CO 80237**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**84-1551592**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

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, 2002 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	<b>P SCHERPENSEEL, JAY C 7223 E. HINSDALE PLACE ENGLEWOOD CO 80112</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ROHAN, ROBERT C 6616 E. MILLSTONE STREET HIGHLANDS RANCH CO 80126</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST RUTHERFORD, CRAIG M 77 NILE COURT GOLDEN CO 80401</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MARRS, CONNIE I 10500 WILDLIFE WAY LITTLETON CO 80125</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HERMAN, DOUGLAS R ONE LONE TREE ROAD FARGO ND 58104-3911</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EDSON, DAVE ONE LONE TREE ROAD FARGO ND 58104-3911</b> <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS John A. Seethoff One Microsoft Way Redmond, WA 98052-6399</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV Asst S Kevin J. Fay One Microsoft Way Redmond, WA 98052-6399</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300005073373--9</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 6, 2002 (425) 882-8080

Date

Daytime Phone #

CR2E034 (9/01)

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ACCOUNT NO. : 072100000032

REFERENCE : 440097 4726922

AUTHORIZATION :

COST LIMIT : \$ 550.00

*Patricia Pizito*

ORDER DATE : March 7, 2002

ORDER TIME : 10:36 AM

ORDER NO. : 440097-005

CUSTOMER NO: 4726922

CUSTOMER: Ms. Tamara Steinke  
Microsoft Corporation Legal  
One Microsoft Way  
Building 8  
Redmond, WA 98052-6399

ANNUAL REPORT FILING

NAME: FRX SOFTWARE CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson - Ext. 1155

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
02 MAR -8 AM 11:36  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE & SEC  
TALAHASSEE, FL 32304