

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90046 005 ***150.00

DOCUMENT # F01000004367

1. Entity Name
TALISMA CORP.

Principal Place of Business
**C/O CHIEF FINANCIAL OFFICER
 4600 CARILLON POINT
 KIRKLAND WA 98033**

Mailing Address
**C/O CHIEF FINANCIAL OFFICER
 4600 CARILLON POINT
 KIRKLAND WA 98033**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-3353980

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SOOD, SANJAYA	
STREET ADDRESS	4600 CARILLON POINT	
CITY-ST-ZIP	KIRKLAND WA 98033	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SINGH, PRADEEP	
STREET ADDRESS	4600 CARILLON POINT	
CITY-ST-ZIP	KIRKLAND WA 98033	
TITLE	VCFO	<input checked="" type="checkbox"/> Delete
NAME	SEATON, DONALD F	
STREET ADDRESS	4600 CARILLON POINT	
CITY-ST-ZIP	KIRKLAND WA 98033	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARMAN, FREDERIC	
STREET ADDRESS	525 UNIVERSITY AVE., SUITE 1300	
CITY-ST-ZIP	PALO ALTO CA 94301	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUGHES, THOMAS	
STREET ADDRESS	2415 CARILLON POINT	
CITY-ST-ZIP	KIRKLAND WA 98033	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILEMAN, ANDREW	
STREET ADDRESS	2 HENDHAM ROAD	
CITY-ST-ZIP	LONDON, ENGLAND	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL MARITZ	
STREET ADDRESS	4600 CARILLON POINT	
CITY-ST-ZIP	KIRKLAND WA 98033	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/12/02 Daytime Phone #: (425) 897-3319

CR2E034 (9/01)