

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004367

FILED
Aug 15, 2005
Secretary of State

Entity Name: TALISMA CORP.

Current Principal Place of Business:

C/O CHIEF FINANCIAL OFFICER
10900 NE 4TH STREET, STE 1510
BELLEVUE, WA 98004

New Principal Place of Business:

Current Mailing Address:

C/O CHIEF FINANCIAL OFFICER
10900 NE 4TH STREET, STE 1510
BELLEVUE, WA 98004

New Mailing Address:

FEI Number: 94-3353980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VETRAS, DANIEL
Address: 10900 NE 4TH STREET, STE 1510
City-St-Zip: BELLEVUE, WA 98004

Title: S () Delete
Name: PFEIFFER, WADE
Address: 10900 NE 4TH STREET, STE 1510
City-St-Zip: BELLEVUE, WA 98004

Title: D () Delete
Name: HARMAN, FREDERIC
Address: 525 UNIVERSITY AVE., SUITE 1300
City-St-Zip: PALO ALTO, CA 94301

Title: D () Delete
Name: CHAK, RANJAN
Address: 10900 NE 4TH STREET, STE 1510
City-St-Zip: BELLEVUE, WA 98004

Title: O () Delete
Name: BERNARDS, DAVID
Address: 10900 NE 4TH STREET, STE 1510
City-St-Zip: BELLEVUE, WA 98004

Title: S () Delete
Name: KISNER, TERENCE
Address: 10900 NE 4TH STREET, STE 1510
City-St-Zip: BELLEVUE, WA 98004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WADE PFEIFFER

S

08/15/2005

Electronic Signature of Signing Officer or Director

_____ Date