FROM :Cognigen Networks, Inc. FAX NO. :206 297 6161

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Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90174 006 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000000228

94069245

1. Entity Name
COGNIGEN NETWORKS, INC.

Principal Place of Business	Mailing Address
7001 SEAVIEW AVENUE NW STE. 210 SEATTLE, WA 98117	7001 SEAVIEW AVENUE NW STE. 210 SEATTLE, WA 98117

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04142004 Chg-P CR2E034 (10/03)

4. FEI Number 84-1089377 ☐ Applied For ☐ Not Applicable

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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOK, GARY I. 61 W SURREY DRIVE CASTLE ROCK, CO 80104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D Thomas S Smith 9800 Mt PYRAMID CT, STE 400 ENGLEWOOD, CO 80112	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HUGHES, DARRELL H 7001 SEAVIEW AVENUE NW STE. 210 SEATTLE, WA 98117	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D)T,S Gary Cook 9800 Mt Pyramid ct, STE 400 ENGLEWOOD CO 80112	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEELBACH, CHRISTOPHER R 44 WOODCREST AVENUE SHORT HILLS, NJ 07078	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVID L JACKSON 1071 OAKHILL ROAD LAFAYETTE CA 94549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAPIRO, JAMES H 16300 INGLEWOOD PLACE, NE KENMORE, WA 98028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPCO BOSWELL, JIMMY L 3220 S HIGUERA STE. 103A SAN LUIS OBISPO, CA 93401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TCFO LUCAS, DAVID G 3220 S HIGUERA STE. 103A SAN LUIS OBISPO, CA 93401	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-15-04 206-297-6151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #