

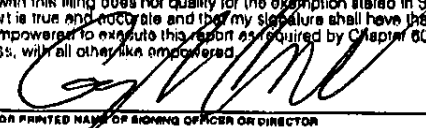
FROM : Cognigen Networks, Inc.

FAX NO. : 206 297 6161

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90174 006 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000000228			
1. Entity Name COGNIGEN NETWORKS, INC.			
Principal Place of Business 7001 SEAVIEW AVENUE NW STE. 210 SEATTLE, WA 98117		Mailing Address 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
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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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. 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 relinquishing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		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 L. 61 W SURREY DRIVE CASTLE ROCK, CO 80104 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P O 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	IO/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 HIGUEIRA 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 HIGUEIRA 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 110.07(3)(i), Florida Statutes. I further certify that the information included 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	

94069245



04142004 Chg-P CR2E034 (10/03)