

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90011 044 ***150.00

DOCUMENT # F03000000228

1. Entity Name
COGNIGEN NETWORKS, INC.



Principal Place of Business
6405 218TH ST
STE 305
MOUNTLAKE TERRACE, WA 98043

Mailing Address
900 COMMERICA BLDG
KALAMAZOO, MI 49007

60009281



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
84-1089377

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 D ☒ Delete
NAME SEGAL, ROBERT B
STREET ADDRESS 996 HAVERSTRAW RD
CITY-ST-ZIP SUFFERN, NY 10901

TITLE ACTING PRESIDENT ☒ Change ☐ Addition
NAME GARY COOK
STREET ADDRESS 4800 MT PYRAMID CT STE 400
CITY-ST-ZIP ENGLEWOOD, CO

TITLE PD ☒ Delete
NAME SMITH, THOMAS S
STREET ADDRESS 9800 MT. PYRAMID CT. STE 400
CITY-ST-ZIP ENGLEWOOD, CO 80112

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SEELBACH, CHRISTOPHER R
STREET ADDRESS 44 WOODCREST AVENUE
CITY-ST-ZIP SHORT HILLS NJ 07078

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SHAPIRO, JAMES H
STREET ADDRESS 20223 92ND
CITY-ST-ZIP KENMORE, WA 98028

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 20223 92nd
CITY-ST-ZIP WEST EDMONDS, WA 98020

TITLE DTS ☐ Delete
NAME COOK, GARY
STREET ADDRESS 9800 MT. PYRAMID CT. STE 400
CITY-ST-ZIP ENGLEWOOD, CO 80112

TITLE POTS ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JACKSON, DAVID L
STREET ADDRESS 1071 OAKHILL ROAD
CITY-ST-ZIP LAFAYETTE, CA 94549

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #

GARY COOK

720-895-1912