

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001905

1. Corporation Name
CATAPULT, INC.

Principal Place of Business
**3830 MONTE VILLA PARKWAY
BOTHELL WA 98021**

Mailing Address
**3830 MONTE VILLA PARKWAY
BOTHELL WA 98021**

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90225 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1993

4. FEI Number

91-1471646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTSC	<input checked="" type="checkbox"/> DELETE
NAME	RUKAMP, TOM	
STREET ADDRESS	5276 REDFIELD CT	
CITY-ST-ZIP	DUNWOOD GA 30338	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	ROTHE, LOIS M	
STREET ADDRESS	6110 - 147TH CT. N.E.	
CITY-ST-ZIP	REDMOND WA 98052	
TITLE	SVPA	<input type="checkbox"/> DELETE
NAME	TOBIAS, CAROLYN	
STREET ADDRESS	24301 S E 34TH PLACE	
CITY-ST-ZIP	ISSAQUAH WA 98029	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FARRELL, JOHN	
STREET ADDRESS	1500 RIVEREDGE PKWY. R13B	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres, Sec, Treas, CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TOM RUTKAMP	
1.3 STREET ADDRESS	4981 - 163RD PLACE SE	
1.4 CITY-ST-ZIP	BELLEVUE, WA 98006	
2.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BARBARA SQUIER	
2.3 STREET ADDRESS	8416 - 32nd Ave SW	
2.4 CITY-ST-ZIP	SEATTLE, WA 98126	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CURT UELIEN	
4.3 STREET ADDRESS	IBM Ed. TRAINING, 1500 RIVEREDGE, ROUTE 13B	
4.4 CITY-ST-ZIP	ATLANTA, GA 30328	
5.1 TITLE	COO, Sr. V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	THOMAS BAHN	
5.3 STREET ADDRESS	17803 NE 33RD ST	
5.4 CITY-ST-ZIP	REDMOND, WA 98052	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99 (425) 420-5400
Date Daytime Phone #

CR2E034 (11/98)