

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005144 (0)

1. Corporation Name
MOSAIX, INC.



Principal Place of Business

6464 185TH AVE. NE
REDMOND WA 98052

Mailing Address

6464 185TH AVE. NE
REDMOND WA 98052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1994

4. FEI Number

91-1273645

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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	DP	<input checked="" type="checkbox"/> DELETE
NAME	KHEIROLOMAN, KAMRAN	
STREET ADDRESS	6464 185TH AVE NE	
CITY-ST-ZIP	REDMOND WA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALBERG, TOM A	
STREET ADDRESS	\$295 CARILLON POINT	
CITY-ST-ZIP	KIRKLAND WA 98033	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, JOHN	
STREET ADDRESS	6464 185TH AVE NE	
CITY-ST-ZIP	REDMOND WA	
TITLE	D C	<input type="checkbox"/> DELETE
NAME	GILLIS, HARVEY N	
STREET ADDRESS	13608 NE 36TH PL.	
CITY-ST-ZIP	BELLEVUE WA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STROUM, CYNTHIA	
STREET ADDRESS	1420 FIFTH AVE., STE. 3000	
CITY-ST-ZIP	SEATTLE WA	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	HOWARD, PATRICK S	
STREET ADDRESS	6464 185TH AVE NE	
CITY-ST-ZIP	REDMOND WA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Nicholas A. Tiliacos	
1.3 STREET ADDRESS	6464 185th Ave NE	
1.4 CITY-ST-ZIP	Redmond, WA 98052	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John J. Flavio	
3.3 STREET ADDRESS	6464 185th Ave NE	
3.4 CITY-ST-ZIP	Redmond, WA 98052	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	H. Robert Gill	
5.3 STREET ADDRESS	6464 185th Ave NE	
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.

John J. Flavio 4/20/98 425-558-8212

CR2E034 (10/97)