

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

**FILED**  
**May 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000005640 (7)**  
 1. Corporation Name:  
**ADVANCED NATIONWIDE MESSAGING CORPORATION**



Principal Place of Business <b>5000 CARILLON POINT KIRKLAND WA 98033</b>	Mailing Address <b>5000 CARILLON POINT KIRKLAND WA 98033</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/31/1994</b>	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>91-1656640</b>	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET, SUITE 105**  
**TALLAHASSEE FL 32301**

B1. Name	B2. Street Address (P.O. Box Number is Not Acceptable)	B3. City	B4. City	B5. Zip Code
	<i>Change of agent form submitted by</i>		<i>CT Corporation System</i>	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P/D</b>	<input type="checkbox"/> DELETE
NAME	<b>HESSE, DANIEL R</b>	
STREET ADDRESS	<b>5000 CARILLON POINT</b>	
CITY-ST-ZIP	<b>KIRKLAND WA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>LANDIS, GREGORY P</b>	
STREET ADDRESS	<b>5000 CARILLON POINT</b>	
CITY-ST-ZIP	<b>KIRKLAND WA</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMAS, MARK U.</b>	
STREET ADDRESS	<b>5000 CARILLON POINT</b>	
CITY-ST-ZIP	<b>KIRKLAND WA 98033</b>	
TITLE	<b>VPAS</b>	<input type="checkbox"/> DELETE
NAME	<b>MARSH, JENNIFER</b>	
STREET ADDRESS	<b>5000 CARILLON POINT</b>	
CITY-ST-ZIP	<b>KIRKLAND WA 98033</b>	
TITLE	<b>CFOT</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMPSON, JOHN D</b>	
STREET ADDRESS	<b>5000 CARILLON POINT</b>	
CITY-ST-ZIP	<b>KIRKLAND WA</b>	
TITLE	<b>SVPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>QUARTNER, ANDREW A.</b>	
STREET ADDRESS	<b>5000 CARILLON POINT</b>	
CITY-ST-ZIP	<b>KIRKLAND WA 98033</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<b>CFo/T/D</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	<b>VVP/</b>		
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
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.

SIGNATURE: \_\_\_\_\_ DATE: **April 22 1998** (125) 820-4500

CR2E034 (10/97)