

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

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90046 044 \*\*\*150.00

DOCUMENT # F94000005640

1. Corporation Name

ADVANCED NATIONWIDE MESSAGING CORPORATION

Principal Place of Business

5000 CARILLON POINT  
KIRKLAND WA 98033

Mailing Address

5000 CARILLON POINT  
KIRKLAND WA 98033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1994

4. FEI Number

91-1656640

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

21 110 110th Avenue, NE

Suite, Apt. #, etc.

22 Suite 200

City & State

23 Bellevue WA

Zip

24 98004

Country

25 USA

2a. Mailing Address

26 6910 Richmond Hwy

Suite, Apt. #, etc.

27 Mail Stop 082

City & State

28 Alexandria VA

Zip

29 22306

Country

30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

83

84 City Tallahassee

FL

85 Zip Code 32301

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

*Shirley B. White*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/99

12. OFFICERS AND DIRECTORS

TITLE P/D HESSE, DANIEL R ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
5000 CARILLON POINT  
KIRKLAND WA

TITLE SD ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
LANDIS, GREGORY P  
5000 CARILLON POINT  
KIRKLAND WA

TITLE VP ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
THOMAS, MARK U.  
5000 CARILLON POINT  
KIRKLAND WA 98033

TITLE VPAS ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MARSH, JENNIFER  
5000 CARILLON POINT  
KIRKLAND WA 98033

TITLE CTDV ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
THOMPSON, JOHN D  
5000 CARILLON POINT  
KIRKLAND WA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME William Collins  
1.3 STREET ADDRESS 6677 Richmond Hwy  
1.4 CITY-ST-ZIP Alexandria, VA 22306

2.1 TITLE V/D ☒ Change ☐ Addition

2.2 NAME Vincent Kelly  
2.3 STREET ADDRESS 6677 Richmond Hwy  
2.4 CITY-ST-ZIP Alexandria, VA 22306

3.1 TITLE S/D ☒ Change ☐ Addition

3.2 NAME Steven Jacoby  
3.3 STREET ADDRESS 6677 Richmond Hwy  
3.4 CITY-ST-ZIP Alexandria, VA 22306

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Shirley B. White*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shirley B. White, Assistant Secretary

1/22/99

Date

(703) 660-6677

Daytime Phone #

CR2E034 (11/98)