

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

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

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

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PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

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

2. Principal Place of Business  
 21 **110 110th Avenue, NE**  
 Suite, Apt. #, etc.  
 22 **Suite 200**  
 City & State  
 23 **Bellevue WA**  
 Zip Country  
 24 **98004 USA**

2a. Mailing Address  
 26 **6910 Richmond Hwy**  
 Suite, Apt. #, etc.  
 27 **Mail Stop 082**  
 City & State  
 28 **Alexandria VA**  
 Zip Country  
 29 **22306 USA**

3. Date Incorporated or Qualified  
**10/31/1994**

4. FEI Number  
**91-1656640**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **Corperation 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 *Lisa B. Mulligan* DATE **1/26/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>P/D</b>	<input checked="" 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>SO</b>	<input checked="" 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 checked="" 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 checked="" 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>CTDV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>THOMPSON, JOHN D</b>	
STREET ADDRESS	<b>5000 CARILLON POINT</b>	
CITY-ST-ZIP	<b>KIRKLAND WA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>William Collins</b>	
1.3 STREET ADDRESS	<b>6677 Richmond Hwy</b>	
1.4 CITY-ST-ZIP	<b>Alexandria, VA 22306</b>	
2.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Vineent Kelly</b>	
2.3 STREET ADDRESS	<b>6677 Richmond Hwy</b>	
2.4 CITY-ST-ZIP	<b>Alexandria, VA 22306</b>	
3.1 TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Steven Jacoby</b>	
3.3 STREET ADDRESS	<b>6677 Richmond Hwy</b>	
3.4 CITY-ST-ZIP	<b>Alexandria, VA 22306</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
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, with all other like empowered.

SIGNATURE: *Shirley B. White* DATE: **1/22/99** DAYTIME PHONE #: **(703) 660-6677**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)