

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90005 001 ***450.00

11900



DO NOT WRITE IN THIS SPACE

DOCUMENT # F94000005640

1. Entity Name
ADVANCED NATIONWIDE MESSAGING CORPORATION

Principal Place of Business
 110 110TH AVE NE
 STE 200
 BELLEVUE WA 98004
 US

Mailing Address
 6910 RICHMOND HWY
 MAIL STOP 082
 ALEXANDRIA VA 22306-1801
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number
91-1656640

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE FL 32301

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Delete
NAME	HESE, DANIEL R	
STREET ADDRESS	5000 CARILLON POINT	
CITY-ST-ZIP	KIRKLAND WA	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LANDIS, GREGORY P	
STREET ADDRESS	5000 CARILLON POINT	
CITY-ST-ZIP	KIRKLAND WA	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, MARK U.	
STREET ADDRESS	5000 CARILLON POINT	
CITY-ST-ZIP	KIRKLAND WA 98033	
TITLE	VPAS	<input checked="" type="checkbox"/> Delete
NAME	MARSH, JENNIFER	
STREET ADDRESS	5000 CARILLON POINT	
CITY-ST-ZIP	KIRKLAND WA 98033	
TITLE	CTDV	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, JOHN D.	
STREET ADDRESS	5000 CARILLON POINT	
CITY-ST-ZIP	KIRKLAND WA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, III, WILLIAM L	
STREET ADDRESS	6677 RICHMOND HIGHWAY	
CITY-ST-ZIP	ALEXANDRIA, VA 22306	
TITLE	VCFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, VINCENT D.	
STREET ADDRESS	6677 RICHMOND HIGHWAY	
CITY-ST-ZIP	ALEXANDRIA, VA 22306	
TITLE	VCOO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBY, STEVEN D.	
STREET ADDRESS	6677 RICHMOND HIGHWAY	
CITY-ST-ZIP	ALEXANDRIA, VA 22306	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, SHIRLEY B.	
STREET ADDRESS	6910 RICHMOND HIGHWAY	
CITY-ST-ZIP	ALEXANDRIA, VA 22306	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 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

3/10/00
Date

Daytime Phone #

CP2E034 (9/99)