

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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 91-1656640	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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) <input type="checkbox"/>	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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE P/D	<input checked="" type="checkbox"/> Delete
NAME HESSE, 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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 VCEO	<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 **3/10/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/99)