FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000002464 (4)**

1. Corporation Name

SALESTALK-WEST, INC.

Principal Place of Business	Mailing Address
14220 NE 21ST ST BELLEVUE WA 98007	14220 NE 21ST ST BELLEVUE WA 98007

3. Date Incorporated or Qualified: **05/19/1995**

3a. Date of Last Report:

4. FEI Number: **94-3154685** ☐ 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 has liability for intangible tax under s. 190.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1225 Pear Ave	26 1225 Pear Ave
Street, Apt. #, etc. 22 # 100	Suite, Apt. #, etc. 27 # 100
City & State 23 Mountain View CA	City & State 28 Mountain View CA
Zip 24 94043 Country 25 USA	Zip 29 94043 Country 30 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WISE, JEFFREY		1.2 NAME	
STREET ADDRESS	1161B SAN ANTONIO RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNTAIN VIEW CA 94043		1.4 CITY-ST-ZIP	
TITLE	PASD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WISE, KATHERINE		2.2 NAME	
STREET ADDRESS	1161B SAN ANTONIO RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNTAIN VIEW CA 94043		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KRUEGER, JANE		3.2 NAME	
STREET ADDRESS	701 WELCH RD #A3321		3.3 STREET ADDRESS	
CITY-ST-ZIP	PALO ALTO CA 94304		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by an attachment with an address.

SIGNATURE: Jeffrey Wise 1/25/96 415-964-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #