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 # **F95000005815 (4)**

1. Corporation Name

TRAVELING SOFTWARE, INC.

Principal Place of Business	Mailing Address
18702 NORTH CREEK PARKWAY BOTHELL WA 98011	18702 NORTH CREEK PARKWAY BOTHELL WA 98011

3. Date Incorporated or Qualified: **11/30/1995**

3a. Date of Last Report:

4. FEI Number: **91-1209899** ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Street, Apt. #, etc. 22	Street, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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	PCOO	☐ DELETE	11 TITLE	V ☐ Change ☒ Addition
NAME	SCOTT, JON		12 NAME	JANICE WISSLER
STREET ADDRESS	18702 NORTH CREEK PARKWAY		13 STREET ADDRESS	18702 NORTH CREEK PARKWAY
CITY, ST, ZIP	BOTHELL WA 98011		14 CITY, ST, ZIP	BOTHELL, WA 98011
TITLE	STV	☐ DELETE	21 TITLE	V ☐ Change ☒ Addition
NAME	PAYNE, DAVID		22 NAME	RAJU GULABANI
STREET ADDRESS	18702 NORTH CREEK PARKWAY		23 STREET ADDRESS	18702 NORTH CREEK PARKWAY
CITY, ST, ZIP	BOTHELL WA 98011		24 CITY, ST, ZIP	BOTHELL, WA 98011
TITLE	D	☐ DELETE	31 TITLE	V ☐ Change ☒ Addition
NAME	NEMIROVSKY, OFER		32 NAME	ROBERT SCHRAM
STREET ADDRESS	ONE FINANCIAL CENTER, 44TH FLOOR		33 STREET ADDRESS	18702 NORTH CREEK PARKWAY
CITY, ST, ZIP	BOSTON MA 02111		34 CITY, ST, ZIP	BOTHELL, WA 98011
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	POLESTRA, FRANK M		42 NAME	
STREET ADDRESS	60 STATE STREET		43 STREET ADDRESS	
CITY, ST, ZIP	BOSTON MA 02109		44 CITY, ST, ZIP	
TITLE	CCEO	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	EPPLEY, MARK		52 NAME	
STREET ADDRESS	18702 NORTH CREEK PARKWAY		53 STREET ADDRESS	
CITY, ST, ZIP	BOTHELL WA 98011		54 CITY, ST, ZIP	
TITLE	D	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	DEMPSEY, NEAL		62 NAME	
STREET ADDRESS	10600 NORTH DEANZA BLVD. SUITE 100		63 STREET ADDRESS	
CITY, ST, ZIP	CUPERTINO CA 95014		64 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 on an attachment with an address.

SIGNATURE: David E Payne David E. Payne 2/8/96 (206) 483-8088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #