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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90225 042 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F95000005815

1. Corporation Name
TRAVELING SOFTWARE, INC.

Principal Place of Business
18702 NORTH CREEK PARKWAY
BOTHELL WA 98011

Mailing Address
18702 NORTH CREEK PARKWAY
BOTHELL WA 98011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

11/30/1995

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 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 ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **GARRISON, DAVID**
STREET ADDRESS **2 N. SECOND ST. PLAZA A**
CITY-ST-ZIP **SAN JOSE CA**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Louis Kapcsandy**
1.3 STREET ADDRESS **900 Poplar Pl. S.**
1.4 CITY-ST-ZIP **Seattle, WA 98144**

TITLE **S** ☐ DELETE
NAME **KOZNEK, SCOTT E**
STREET ADDRESS **18702 NORTH CREEK PKWY**
CITY-ST-ZIP **BOTHELL WA 98011**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Richard MacIntosh**
2.3 STREET ADDRESS **2315 - 216th Pl. N.E.**
2.4 CITY-ST-ZIP **Redmond, WA 98053**

TITLE **D** ☐ DELETE
NAME **NEMIROVSKY, OFER**
STREET ADDRESS **ONE FINANCIAL CENTER, 44TH FLOOR**
CITY-ST-ZIP **BOSTON MA 02111**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Tim Choate**
3.3 STREET ADDRESS **95 S. Jackson St. #300**
3.4 CITY-ST-ZIP **Seattle, WA 98104**

TITLE **D** ☐ DELETE
NAME **POLESTRA, FRANK M**
STREET ADDRESS **60 STATE STREET**
CITY-ST-ZIP **BOSTON MA 02109**

4.1 TITLE **V** ☐ Change ☒ Addition
4.2 NAME **Brad Leland**
4.3 STREET ADDRESS **18702 North Creek Pkwy**
4.4 CITY-ST-ZIP **Bothell, WA 98011**

TITLE **CCOB** ☐ DELETE
NAME **EPPLEY, MARK**
STREET ADDRESS **18702 NORTH CREEK PARKWAY**
CITY-ST-ZIP **BOTHELL WA**

5.1 TITLE **V** ☐ Change ☒ Addition
5.2 NAME **Farzeen Mohazzabfar**
5.3 STREET ADDRESS **18702 North Creek Pkwy**
5.4 CITY-ST-ZIP **Bothell, WA 98011**

TITLE **D** ☐ DELETE
NAME **DEMPSEY, NEAL**
STREET ADDRESS **10600 NORTH DEANZA BLVD. SUITE 100**
CITY-ST-ZIP **CUPERTINO CA 95014**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Rob Seaman**
6.3 STREET ADDRESS **18702 North Creek Pkwy**
6.4 CITY-ST-ZIP **Bothell, WA 98011**

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:

SCOTT E KOZNEK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99 **425-487-5328**
Date Daytime Phone #

CR2E034 (11/98)