COR ANNU	NOW: FILING PROFIT PORATION JAL REPORT 1999	G FEE AFTER	FLORIDA DEPART Kathering Secretary DIVISION OF CC	MENT OF STATE Harris of State	Mar 01 Secret	FILED ., 1999 8: tary of S 99 90225 042 ***1	tate
1. Corporation	MENT # FS Name NG SOFTWARE,	950000058 INC.	315				
Principal Place			g Address NORTH CREEK PARKV				
BOTHELL WA 9	CREEK PARKWAY 19011		ELL WA 98011			WRITE IN THIS SPACE	
					3. Date Incorporated or Qual		
					11/30/1995		Annihed Free
	lace of Business		ailing Address		4, FEI Number 91-1209899		Applied For Not Applicable
21 Suite, Apt.	#, etc.	26 Su	uite, Apt. #, etc.		5. Certifcate of Status Desire	, , , , , , , , , , , , , , , , , , ,	75 Additional
22		27				Fe	e Required
City & State	e	28 Ci	ity & State		 Election Campaign Finance Trust Fund Contribution 		.00 May Be
Zip	Count		_	Country	8. This corporation owes the		
24	25	29	3	o	Personal Property Tax. 10. Name and Address of N	Yes	No
	9, Name and Addr	ess of Current Register	ea Agent	81 Name		tegistered Agent	
	CORPORATION SYS			82 Street	Address (P.O. Box Number is Not Act	ceptable)	1.12.1 1.11.1.1
) SOUTH PINE ISLA	ND ROAD					
PLAP	NTATION FL 33324			83	5 · · · · · · · · · · · · · · · · · · ·		1
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11. Pursuant	to the provisions of Ser	ctions 607.0502 and 607.	1508, Florida Statutes	84 City	corporation submits this statement for	The purpose of changing	Zip Code
office or ra agent. I a SIGNATURE 12.	egistered agent, or both m familiar with, and acc Signature, typed or printed near	ctions 607.0502 and 607. h, in the State of Florida. Sept the obligations of, Se the of registered agent and title if app OFFICERS AND DIRECT	Such change was auti iction 607.0505, Florid plicable (NOTE: R ORS	o, the above-name horized by the com a Statutes. egistered Agent signature 13.	I corporation submits this statement for poration's board of directors. I hereby a required when reinstating) ADDITIONS/CHANGES TO	FL	its registered as registered
office or re agent. I ar SIGNATURE 12.	egistered agent, or bott m familiar with, and acc Signature, typed or printed nam (D	n, in the State of Florida. cept the obligations of, Se we of registered agent and title if app OFFICERS AND DIRECT	Such change was auti ection 607.0505, Florid	, the above-name norized by the corp a Statutes. egistered Agent signature 13. 1.1 TITLE 1.2 NAME	required when reinstating) ADDITIONS/CHANGES TO Louis Kapcsandy	FL the purpose of changin to purpose of changin DATE DATE DOFFICERS AND DIRE	its registered as registered
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office or m agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or bott m familiar with, and act Signature, typed or printed nam GARRISON, DAVID 2 N. SECOND ST. SAN JOSE CA S	n, in the State of Florida. cept the obligations of, Se to of registered agent and title if app OFFICERS AND DIRECT PLAZA A	Such change was auti iction 607.0505, Florid plicable (NOTE: R ORS	, the above-name horized by the corp la Statutes. egistered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO ADDITIONS/CHANGES TO Louis Kapcsandy 900 Poplar Pl. S. Seattle, WA 9814	FL	ig its registered as registered CTORS IN 12 inge X Addition
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