

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F95000005815**

1. Entity Name

TRAVELING SOFTWARE, INC.

Principal Place of Business

18702 NORTH CREEK PARKWAY  
BOTHELL WA 98011

Mailing Address

18702 NORTH CREEK PARKWAY  
BOTHELL WA 98011

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **91-1209899**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

## 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) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KAPCSANDY, LOUIS<br>900 POPLAR PL S.<br>SEATTLE WA 98053              | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MACINTOSH, RICHARD<br>2315 216 PL NE.<br>REDMOND WA 98053             | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CHOATE, TIM<br>95 S. JACKSON ST 300<br>SEATTLE WA 98104               | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>LELAND, BRAD<br>18702 N. CREEK PKY<br>BOTHELL WA 98011                | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>MOHAZZABFAR, FARZEEN<br>18702 NORTH CREEK PARKWAY<br>BOTHELL WA 98011 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SEAMAN, ROB<br>18702 N. CREEK PKY<br>BOTHELL WA 98011                 | <input checked="" type="checkbox"/> Delete |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEO<br>MARK EPPLEY<br>18702 NORTH CREEK PKWY<br>BOTHELL, WA 98011 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>TODD RUPLEY<br>18702 NORTH CREEK PKWY<br>BOTHELL, WA 98011   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>JACK WILSON<br>18702 NORTH CREEK PKWY<br>BOTHELL, WA 98011   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>DWIGHT YOUNG<br>18702 NORTH CREEK PKWY<br>BOTHELL WA 98011   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NW JASPER, JR<br>10 GREENFIELD DR.<br>MORAGA, CA 94556       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BRIAN DIXON<br>5825 - 111th St. SW<br>Mukilteo, WA 98275     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DWIGHT YOUNG, SECRETARY

Date

2/7/01

Daytime Phone #

425.487.5401

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90045 003 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)