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Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005628 (0)**

1. Corporation Name
APPLIED RELATIONAL INFORMATION SYSTEMS, INC.



Principal Place of Business 807 MARCO DRIVE NE ST PETERSBURG FL 33702	Mailing Address 807 MARCO DRIVE NE ST PETERSBURG FL 33702-2720
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3. Date Incorporated or Qualified 10/15/1996	3a. Date of Last Report
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2. Principal Place of Business 21 9887 4TH STREET	2a. Mailing Address 26 9887 4TH ST. N
Suite, Apt. #, etc. 22 SUITE 307	Suite, Apt. #, etc. 27 SUITE 307
City & State 23 ST. PETERSBURG, FL	City & State 28 ST. PETERSBURG, FL
Zip 24 33702	Zip 29 33702
Country 25	Country 30

4. FEI Number 91-1497147	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PSTD <input type="checkbox"/> DELETE
NAME	SONG, PAUL <i>Change</i>
STREET ADDRESS	848 SOUTH 280TH ST
CITY- ST- ZIP	KENT WA
TITLE	V D <input type="checkbox"/> DELETE
NAME	KUNZ, KENDALL
STREET ADDRESS	5830 S. 150TH PLACE
CITY- ST- ZIP	TUKWILA WA
TITLE	V <input type="checkbox"/> DELETE
NAME	GILLES, JEFF
STREET ADDRESS	9719 159TH PLACE NE
CITY- ST- ZIP	REDMOND WA
TITLE	V <input type="checkbox"/> DELETE
NAME	BRUGGER, STEVE
STREET ADDRESS	10514 15TH AVENUE NW
CITY- ST- ZIP	SEATTLE WA
TITLE	V <input type="checkbox"/> DELETE
NAME	GRIFFIN, JAY
STREET ADDRESS	10690 SE 58TH PLACE
CITY- ST- ZIP	BELLEVUE WA
TITLE	V <input type="checkbox"/> DELETE
NAME	AVERILL, THOMAS W
STREET ADDRESS	17737 14TH NW
CITY- ST- ZIP	SHORELINE WA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KENNEDY, BRUCE
1.3 STREET ADDRESS	16430 AMBAUM BL S
1.4 CITY- ST- ZIP	SEATTLE WA 98148
2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SONG, JOHN
2.3 STREET ADDRESS	9101 MADISON SPRGS LN
2.4 CITY- ST- ZIP	VIENNA, VA 22182
3.1 TITLE	GENERAL COUNSEL SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SUBAYAN, NORBERT W.
3.3 STREET ADDRESS	20933 NE 142ND ST
3.4 CITY- ST- ZIP	WOODINVILLE, WA 98072
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILLIAMS, KENNETH A.
4.3 STREET ADDRESS	3380 146TH PL SE, SUITE 300
4.4 CITY- ST- ZIP	BELLEVUE, WA 98007
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE: *Best Subayan* **BEST SUBAYAN SECRETARY** *4/10/97* **206-248-7183**
 SIGNATURE ANALYZED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)