

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90052 026 \*\*\*150.00

DOCUMENT # F96000005628

1. Corporation Name

APPLIED RELATIONAL INFORMATION SYSTEMS, INC.

Principal Place of Business

4830 W KENNEDY BLVD  
SUITE 645  
TAMPA FL 33609  
US

Mailing Address

2229 112TH AVE NE  
BELLEVUE WA 98004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1996

4. FEI Number

91-1497147

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDDC ☐ DELETE  
NAME SONG, PAUL  
STREET ADDRESS 848 SOUTH 260TH  
CITY-ST-ZIP DES MOINES WA 98198

TITLE V ☐ DELETE  
NAME GILLES, JEFF  
STREET ADDRESS 9719 159TH PLACE  
CITY-ST-ZIP REDMOND WA 98052

TITLE V ☐ DELETE  
NAME BRUGGER, STEVE  
STREET ADDRESS 10514 15TH AVENUE NW  
CITY-ST-ZIP SEATTLE WA 98177

TITLE V ☐ DELETE  
NAME GRIFFIN, JAY  
STREET ADDRESS 16690 SE 56TH PLACE  
CITY-ST-ZIP BELLEVUE WA 98006

TITLE V ☐ DELETE  
NAME AVERILL, THOMAS W  
STREET ADDRESS 17737 14TH NW  
CITY-ST-ZIP SHORELINE WA 98177

TITLE VD ☐ DELETE  
NAME KUNZ, KENDALL  
STREET ADDRESS 5630 S 105TH PL  
CITY-ST-ZIP TUKWILA WA 98188

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034, (11/98)