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

PROFIT CORPORATION ANNUAL REPORT

1998

ROBISON, DAVID H

SCOTT, WILLIAM L

17218 SE 29TH CT.

BELLEVUE WA 98008

12040 - 201ST PL. NE

WOODINVILLE WA 98072

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1998 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700005302 (1)

NEOPATH, INC.

Mailing Address Principal Place of Business 8271-154TH AVE. NE 8271-154TH AVE. NE REDMOND WA 98052 REDMOND WA 88052 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/09/1997 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 91-1436093 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Yes Personal Property Tax due June 30. 25 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE FL 32301-2525 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11 TITLE Robert C. Bateman **KETTERING. VOLKER R** NAME 1.2 NAME 19725 NE 129TH WAY 16823 NE 176th Street STREET ADDRESS 1.3 STREET ADDRESS **WOODINVILLE WA 98072** CITY-ST-ZIP woodinville, WA 98072 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 THLE LEE, SHIH-JONG J NAME 2.2 NAME 14116 SE 46TH STREET ADDRESS 2.3 STREET ADDRESS **B**ELLEVUE WA 98006 CITY-ST-ZIP 2. 4 CITY - ST - ZIP **PCEO** DELETE TITLE 3.1 TITLE ☐ Change Addition **NELSON, ALAN C** NAME 3.2 NAM8 6417-204TH DR. NE STREET ADDRESS 3.3 STREET ADDRESS REDMOND WA 98052 CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE **NELSON, LARRY A** NAME 4. 2 NAME 15930 NE 6TH ST. STREET ADDRESS 4.3 STREET ADDRESS **BE**LLEVUE WA 98008 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE

14. Thereby 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 arrived 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.

5.2 NAME

61 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

DI + () + DI + C P + Who was are and

S/v/D