2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Apr 27, 2000 8:00 am Secretary of State DOCUMENT # F98000002644 1. Entity Name GOVERNMENT COMPUTER SALES INC. 04-27-2000 90013 003 ***150.00 Principal Place of Business Mailing Address 710 NW JUNIPER ST., STE. 100 710 NW JUNIPER ST., STE. 100 ISSAOUAH WA 98027 ISSAQUAH WA 98027-2717 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 91-1445296 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE FOWLER, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 710 NW JUNIPER ST., STE. 100 CITY-ST-ZIP CITY-ST-ZIP ISSAQUAH WA 98027 Delete Change ☐ Addition TITLE BLAIR, TODD NAME STREET ADDRESS STREET ADORESS 710 NW JUNIPER ST., STE. 100 CITY-ST-ZIP CITY-ST-ZIP ISSAQUAH WA 98027 Change ☐ Addition TITLE Delete TITLE FOWLER, RALF NAME NAME STREET ADDRESS 710 NW JUNIPER ST., STE. 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ISSAQUAH WA 98027** ☐ Change ☐ Addition ☐ Delete TITLE TITLE WAHLBERG, JONAS NAME NAME STREET ADDRESS STREET ADDRESS 710 NW JUNIPER ST., STE. 100 CITY-ST-ZIP CITY-ST-7IP ISSAQUAH WA 98027 ☐ Change ☐ Addition TITLE Delete TITLE POWERS, SARA NAME STREET ADDRESS STREET ADDRESS 710 NW JUNIPER ST., STE. 100 CITY-ST-7IP CITY-ST-ZIP ISSAQUAH WA 98027 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME POLLAK, CHRIS NAME STREET ADDRESS STREET ADDRESS 710 NW JUNIPER ST., STE. 100 CITY-ST-ZIP ISSAQUAH WA 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