

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F98000004766

EDMARK CORPORATION

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90139 025 ***150.00



Principal Place of Business Mailing Address							[(\$\$((\$\$ 1))\$ (\$)\$((\$)() \$att) \$att)	OBINI DONNI DONNI SII	11 10 11 1	1011 0 0 111 1001	
P.O. BOX 97021 P.O. BOX 97021 REDMOND WA 98073-9721 REDMOND WA 98073-9721									.=		
							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed				
District Di	Land B. During	- L	Apiling Address				08/20/1998 4. FEI Number		TAnr	olied For	}
			Mailing Address			- 1	13-3916731	-	-	: Applicable	1
Suite, Apt. #, etc.			Suite, Apt. #, etc.				10-09 10701	<u> </u>		dditional	1
22			7			-	5. Certifcate of Status Desired [ee Rec		
City_& State			City.& State				\$5.00_May.Be				
23 28							Trust Fund Contribution Added to Fees				
Zip				Country	Country 8. This corporation owes the current year Intangible					1	
24				0	Personal Property Tax.				Yes		
	9. Name and Address of Curren	t Registe	red Agent			•	Name and Address of New Reg	istered Agent			-
				81	Name	1	•				ĺ
C T CORPORATION SYSTEM			82	Street	Address	ddress (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD				<u> </u>			<u> </u>			1	
PLAN	NTATION FL 33324			83							
1	•			84	City			85	Zip C	ode	1
Ì	· · · ·			1				PL			
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida.	. Such change was autl	norized by	the corp	d corpora coration's	tion submits this statement for the pu board of directors. I hereby accept to	rpose of chang he appointmen	ing its r t as reg	egistered istered	
			,								
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if a	pplicable. (NOTE: R	egistered Age	nt signatur a i	required wh	en reinstating)	DATE			վ ;
12.	OFFICERS AN	D DIREC		13.			ADDITIONS/CHANGES TO OFFIC				-
TITLE	GM			1.1 TITLE				⊔ւ	hange	☐ Addition	}
NAME	STRANGER, DONNA	B contract to the contract to									
STREET ADDRESS	0,2, 100111,1123,112		. 1.3 STREE	T ADDRESS	6				-	-	
CITY-ST-ZIP	REDMOND WA 98073-9721		1.4 CIT		T-ZIP				hange	Addition	1:
TITLE	DF\$		DELETE	2.1 TITLE		7,46	easurer Secretar	, d 🗀 o	lalige	Connen	
NAME.	PATE, DAN				2.2 NAME + C		ter Merz 27 185th Ave.	34			
STREET ADDRESS	0/2/ /00/// ///2/			2.4 CITY-ST-ZIP		amond, WA 99	2D72 -	97:	7.)	ł	
CITY-ST-ZIP	REDMOND WA 98073-9721 VP			2.4 CITY-S 3.1 TITLE	1-ZP	100	amona with	,,,,	hange	Addition	1
TITLE	••		ا ا اااماع فيا	3,1 IIILE 3,2 NAME				٥٠			1
NAME OTDEET + ODDESO	Moore, John 6727 185th Ave., Ne				T ADDRESS						
STREET ADDRESS				ľ							
CITY-ST-ZIP	REDMOND WA 98073-9721 VDAT		□ DELETE	3.4. C/TY-5	1-4P	Mici	2 President	Xic	hange	Addition	1
NAME	COLBURN, ARCHIE			4 2 NAME					•	_	
STREET ADDRESS	OLD ORCHARD ROAD			43STREE	T ADDRESS	Ne	w Orchard Roa	.d			
	ARMONK NY 10504			4.4 CITY-S							1
CITY-ST-ZIP	VDS		☐ DELETE	5,1 TITLE		Vic	e President	Z €C	hange	Addition	1
NAME	WESTFALL, DONALD D			5.2 NAME				/			
STREET ADDRESS	ALE ORGANIES BOAR		5.3 STREE	T ADDRESS	New Orchard Road					1	
CITY-ST-ZIP	ARMONK NY 10504			5.4 CITY-S	T-ZIP						
TITLE	VD			6.1 TITLE		VIC	e President	X (c	hange	Addition	1
NAME	DAYTON, LEE A			6.2 NAME				/			1
STREET ADDRESS	OLD ORCHARD ROAD			6.3 STREE	TADORESS	Ne	w Orchard Ro	ad			
200	ADMONIK NV 10504			64 CITY-S							1

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 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, with all other like empowered.