

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90206 004 ***150.00

DOCUMENT # F99000003244

1. Entity Name
LAPTOP LANE LIMITED INCORPORATED

764797



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3605 132ND AVE SE STE 405 BELLEVUE WA 98006	Mailing Address 3605 132ND AVE SE STE 405 BELLEVUE WA 98006
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 91-1740310	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MERRELL, R. BRUCE	
STREET ADDRESS	3605 - 132ND S.E., SUITE 405	
CITY-ST-ZIP	BELLEVUE WA 98006	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SHARP, M. GRANT	
STREET ADDRESS	3605 - 132ND S.E., SUITE 405	
CITY-ST-ZIP	BELLEVUE WA 98006	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GUNTER, CHRISTOPHER	
STREET ADDRESS	3605 - 132ND S.E., SUITE 405	
CITY-ST-ZIP	BELLEVUE WA 98006	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MENNEN, G. JEFF	
STREET ADDRESS	3605 - 132ND S.E., SUITE 405	
CITY-ST-ZIP	BELLEVUE WA 98006	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OWENS, J'AMY	
STREET ADDRESS	3605 - 132ND S.E., SUITE 405	
CITY-ST-ZIP	BELLEVUE WA 98006	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCNEELY, MARK	
STREET ADDRESS	3605 - 132ND S.E., SUITE 405	
CITY-ST-ZIP	BELLEVUE WA 98006	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRESIDENT & COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN M. SWANSON	
STREET ADDRESS	3605 - 132ND AVE SE, SUITE 405	
CITY-ST-ZIP	BELLEVUE, WA 98006	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADRIAN VAN HAAFTEN	
STREET ADDRESS	650 TOWNSEND ST, SUITE 225	
CITY-ST-ZIP	SAN FRANCISCO, CA 94103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: Steven M. Swanson **STEVEN M. SWANSON** 4/30/01 425-653-2000
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)