2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # F9900003628 Jul 26, 2000 8:00 am 1. Entity Name **Secretary of State** ACCESSLINE LD SERVICES, INC. 07-26-2000 90012 022 ***550.00 Principal Place of Business Mailing Address 11201 SE 8TH STREET, SUITE 200 11201 SE 8TH STREET, SUITE 200 BELLEVUE WA 98004 BELLEVUE WA 98004 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 91-1981594 Not Applicable Zip Country Žip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition TITLE **PCEO** ☐ Defete TITLE NAME NAME WIDGER, IAN J STREET ADDRESS STREET ADDRESS 11201 SE 8TH STREET, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP BELLEVUE WA 98004 Addition TITI F CTO Change NAME NAME KNIGHT, JERRY STREET ADDRESS STREET ADDRESS 11201 SE 8TH STREET, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP BELLEVUE WA 98004 Addition TITLE ☐ Change TITI F ☐ Delete LEWIS, E. THADDEUS ---NAME NAME STREET ADDRESS STREET ADDRESS 11201 SE 8TH STREET, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP BELLEVUE WA 98004 Addition ☐ Change ☐ Delete TITLE TITLE VCFO NAME NAME SAVAGE, E. WILLIAM STREET ADDRESS STREET ADDRESS 11201 SE 8TH STREET, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP BELLEVUE WA 98004 PCEO + Director Change ☐ Addition TITLE ☐ Delete TITLE Ian J. Widger 11201 SE Eth Street, St. 200 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP Bellevuo. WA9800 Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.