

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90011 035 ***558.75

DOCUMENT # F99000003628

1. Entity Name
ACCESSLINE LD SERVICES, INC.



Principal Place of Business
**11201 SE 8TH STREET, SUITE 200
BELLEVUE, WA 98004**

Mailing Address
**1720 WINWARD CONCOURSE
SUITE 250
ALPHARETTA, GA 30005**

44049966



2. Principal Place of Business

**11201 SE 8TH ST.
Suite, Apt. #, etc.
200**

3. Mailing Address

**11201 SE 8TH ST
Suite, Apt. #, etc.
200**

04052004

Chg-P

CR2E034 (10/03)

City & State
Bellevue

City & State
Bellevue

4. FEI Number
91-1981594

Applied For
Not Applicable

Zip
98004

Country
USA

Zip
98004

Country
USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TCS CORPORATE SERVICES, INC.
103 N. MERIDAN STREET
TALLAHASSEE, FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP JOHNSON, DOUG 11201 SE 8TH STREET, SUITE 200 BELLEVUE, WA 98004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV LEWIS, E. THADDEUS 11201 SE 8TH STREET, SUITE 200 BELLEVUE, WA 98004	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JOHNSON, DOUG 11201 SE 8TH ST SUITE 200 BELLEVUE, WA 98004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MARK Klebanoff 11201 SE 8th St. Suite 200 BELLEVUE, WA 98004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/04

Date

2063812299

Daytime Phone #

Attachment 44049966
F99000003628



1720 Windward Concourse - Ste 250
Alpharetta GA 30005
Phone (678) 775-2244, fax (678) 775-2254

**INSTRUCTIONS FOR FILING
THE STATE OF FLORIDA
CORPORATION UNIFORM BUSINESS REPORT**

- 1) An officer of the Corporation must sign the report.
- 2) Please return the report and a check for \$550.00 to the:

Uniform Business Report
Division of Corporations
PO Box 6198
Tallahassee, FL 32314

NOTE: Make check payable to the Florida Department of State.

The attached report is due by: **ASAP**

The attached report was completed and reviewed by: **Janet Willis**

If you have any questions regarding the attached report, please contact me directly.