TOGAMMANIII 30

	ualification/Tax Lien Section ivision of Corporations
SUBJECT	: Wizards of the Coast Retail, Inc. (Name of corporation - must include suffix)
Dear Sir o	
The enclo	sed "Application by Foreign Corporation for Authorization to Transact Business in Florida", the of Existence", and check are submitted to register the above referenced foreign corporation business in Florida.
Please ret	orn all correspondence concerning this matter to the following:
	Nathan Mayes (Name of Person)
	(Name of Person)
	Wizards of the Coast
	(Firm/Company)
	P.O. Box 707
	(Address)
	Renton WA 98057-0707
	(City/State/Zip)
Should yo	u need to call someone concerning this matter, please call: 400029785645 -09/03/9901076011 ******78.75 ******78.75
<u>Na</u>	Name of Person) at (425) 687-8114 (Area Code & Daytime Telephone Number)
	199-4658
STREET	ADDRESS: MAILING ADDRESS: Name
-	on/Tax Lien Section Qualification/Tax Lien Section
Division c 409 E. Ga	f Corporations Division of Corporations P.O. Box 6327
	e, FL 32399 Tallahassee, FL 32314
Enclosed i	s a check for the following amount:
□ \$70.00	Filing Fee \$\square\$ \$78.75 Filing Fee & \$\square\$ \$87,50 Filing Fee Certificate of Status Certified Copy Certificate of Status

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. <u>Uizards of the Coast Retail, Inc.</u> (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Washington 3, 91-1983729 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Perpetual (Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
(Daté of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. P.O. Box 707
Renton WA 98057-0707
(Current mailing address)
8. Retail sales of Games and related merchandise
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: <u>CT Corporation System</u> = 3
Office Address: 1200 South Pine Island RD.
Name: CT Corporation System = 3 Office Address: 1200 South Pine Island RD. Plantation , Florida, 33324 (Zip code)
(Zip code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
See attached (Registered agent's signature)
(Registered agent's signature)
Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the

Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of

which it is incorporated.

^{12.} Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)		
Chairman:		· · -
ddress:		
Tice Chairman:		
Address:		
Director:	· · · · · · · · · · · · · · · · · ·	
Address:	The state of the s	-
Director:		L. c 3
Address:		
3. OFFICERS (Street address only - P.O. Box NOT acceptable)		•
President: See attached	. T	
Address:		3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		1
Vice President:		\simeq ω \sqsubseteq
Address:		ည
Secretary:		
Address:		
reasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing ad		
	difficial officers and/or directors	le de la company de la comp La company de la company de
(Signature of Chairman, Vice Chairman, or any officer listed i		
4. Queffrey A. Christenson V	P + General Cor,	
(Typod or printed name and capacity of pers	on signing application)	· .

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Wizards of the Coast Retail, Inc. **Officers Information**

Name:

Peter D. Adkison

Title:

President/CEO

Percent Owned: 6%

Date of Birth:

10-3-61

Address:

923 14th Ave E.

Seattle, WA 98112

County:

King

Work Phone:

(425) 226-6500

Home Phone:

(206) 720-6049

Name:

Jeffrey A. Christianson

Title:

Secretary/Vice President

Percent Owned: 0%

Date of Birth:

2-22-57

Address:

4114 36th Ave NE

Seattle, WA 98105

County:

King

Work Phone:

(425) 226-6500

Home Phone:

(206) 729-2049

Name:

Judy (MI) Sorenson

Title:

Treasurer

Percent Owned:

0%

Date of Birth:

7-12-54

Address:

1801 Lind Ave SW

Renton, WA 98055

County:

King

Work Phone:

(425) 226-6500

Home Phone:

same

FLORIDA

CONSENT TO SERVE AS REGISTERED AGENT

C T CORPORATION SYSTEM having been designated to act as registered agent hereby agrees to act in this capacity for the following corporation:

Wizards of the Coast Inc.

Date: August 26, 1999

C T CORPORATION SYSTEM

Cathleen C. Gariepy

Assistant Secretary

STATE of WASHINGTON



SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

WIZARDS OF THE COAST RETAIL, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named profit corporation was formed under the laws of the State of Washington and was issued a Certificate of Incorporation in Washington on August 11, 1999.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution have been filed, and that the corporation is duly authorized to transact business in the corporate form in the State of Washington.



Date: August 26, 1999

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital



200-002



September 2, 1999

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Re: Certificate of Existence/Authorization

To Whom It May Concern:

Enclosed is a check for \$78.75 for filing as a Foreign Corporation in the State of Florida. Please send certificate of authority to the address listed below. Wizards of the Coast Retail, Inc. had purchased The Game Keeper, Inc. on May 1, 1999. If anything else needs to be filed, please contact me at 425/687-8114.

Wizards of the Coast
Attn. Nathan Mayes SBE
P.O. Box 707
Renton, WA 98057-0707

Thank you for your assistance.

Sincerely,

Nathan Mayes

Leasing Administrator

/Encl.

09 SEP -3 MM 8: 3