FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jul 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M35207** **(3)**

1. Corporation Name
TALCOM, INC.

Principal Place of Business
5000 CARILLON POINT
KIRKLAND WA 98033

Mailing Address
5000 CARILLON POINT
KIRKLAND WA 98033-7356

3. Date Incorporated or Qualified: **07/15/1986**
3a. Date of Last Report: **07/26/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: **62-1288061** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	HOOPER, STEVEN W.		1.2 NAME	Daniel K. Hesse	
STREET ADDRESS	5000 CARILLON POINT		1.3 STREET ADDRESS	5000 Carillon Point	
CITY-ST-ZIP	KIRKLAND WA 98033		1.4 CITY-ST-ZIP	Kirkland WA 98033	
TITLE	S/D	☐ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	PERRY, WAYNE M.		2.2 NAME	Gregory P. Landis	
STREET ADDRESS	5000 CARILLON POINT		2.3 STREET ADDRESS	5000 Carillon Point	
CITY-ST-ZIP	KIRKLAND WA 98033		2.4 CITY-ST-ZIP	Kirkland WA 98033	
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, MARK U.		3.2 NAME		
STREET ADDRESS	5000 CARILLON POINT		3.3 STREET ADDRESS		
CITY-ST-ZIP	KIRKLAND WA 98033		3.4 CITY-ST-ZIP		
TITLE	VPAS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARSH, JENNIFER		4.2 NAME		
STREET ADDRESS	5000 CARILLON POINT		4.3 STREET ADDRESS		
CITY-ST-ZIP	KIRKLAND WA 98033		4.4 CITY-ST-ZIP		
TITLE	CFOT	☐ DELETE	5.1 TITLE	CFOTD	☒ Change ☐ Addition
NAME	HUFF, ROLLA P.		5.2 NAME	John D. Thompson	
STREET ADDRESS	5000 CARILLON POINT		5.3 STREET ADDRESS	5000 Carillon Point	
CITY-ST-ZIP	KIRKLAND WA 98033		5.4 CITY-ST-ZIP	Kirkland WA 98033	
TITLE	SVPD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	QUARTNER, ANDREW A,		6.2 NAME		
STREET ADDRESS	5000 CARILLON POINT		6.3 STREET ADDRESS		
CITY-ST-ZIP	KIRKLAND WA 98033		6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: [signature]

CR2E034 (9/96)