

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000614

1. Entity Name
MICROSOFT HOMEADVISOR, LLC

Principal Place of Business
**ONE MICROSOFT WAY
REDMOND WA 98052-6399**

Mailing Address
**C/O ROBERT ESHELMAN
ONE MICROSOFT WAY
REDMOND WA 98052-8300**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
91-1898827

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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)

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MISTELE, BRYAN P
ONE MICROSOFT WAY
REDMOND WA 98052-6399**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
DANFORD, DAVID P
ONE MICROSOFT WAY
REDMOND WA 98052-6399**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
000003132800--8

TITLE ☐ Delete
NAME
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CITY - ST - ZIP

☐ Change ☐ Addition
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CITY - ST - ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: David P. Danford **REQUIRED** David P. Danford, Manager 01/28/00 (425)882-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

APPROVED AND FILED
00 FEB 11 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)

(2)



00 FEB 11 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 585073 4726922

AUTHORIZATION :

Patricia Pizit

COST LIMIT : \$ 50.00

ORDER DATE : February 10, 2000

ORDER TIME : 10:34 AM

ORDER NO. : 585073-005

CUSTOMER NO: 4726922

CUSTOMER: Ms. Tamara Steinke
Microsoft Corp Law & Corp
1 Microsoft Way Bldg 8
Po Box 97017
Redmond, WA 980520000

ANNUAL REPORT FILING

NAME: MICROSOFT HOMEADVISOR, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: *Janine Lazzarini*

EXAMINER'S INITIALS: _____

RECEIVED
00 FEB 11 PM 12:09
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA