

# 2001 UNIFORM BUSINESS REPORT (UBR)

0031464 AF

①

**DOCUMENT # M98000000614**

**1. Entity Name**  
**MICROSOFT HOMEADVISOR, LLC**

**FILED** *W 3/19*  
**01 MAR 19 PM 3:12**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**Principal Place of Business**

**ONE MICROSOFT WAY**  
**REDMOND WA 98052-6399**

**Mailing Address**

**C/O ROBERT ESMELMAN**  
**ONE MICROSOFT WAY**  
**REDMOND WA 98052-6399**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address** *c/o Kevin J. Fay*  
**One Microsoft Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Redmond, WA**

**4. FEI Number**  
**91-1898827**

Applied For  
Not Applicable

Zip

Country

Zip  
**98052-6399**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

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

**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.**

**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 \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MEMBERS**

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

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**10. ADDITIONS/CHANGES**

**TITLE** ☐ Change ☐ Addition  
**NAME** **700003878177-2**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:** *Kevin J. Fay* **Kevin J. Fay, Asst. Secretary 2/15/01 425-882-8080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

2



ACCOUNT NO. : 072100000032

REFERENCE : 081251 4726922

AUTHORIZATION

COST LIMIT : \$ 50.00

*Patricia Pizota*

ORDER DATE : March 16, 2001

ORDER TIME : 1:47 PM

ORDER NO. : 081251-010

CUSTOMER NO: 4726922

CUSTOMER: Ms. Tamara Steinke  
Microsoft Corporation Legal  
One Microsoft Way  
Building 8  
Redmond, WA 98052-6399

FILED  
01 MAR 19 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ANNUAL REPORT FILING

NAME: MICROSOFT HOMEADVISOR, LLC

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 MAR 19 PM 2:30  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward, Ext. 1135

EXAMINER'S INITIALS: \_\_\_\_\_