APPROVED DOF 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M9800000614 1. Entity Name 02.IAN 22 AM II: 10 MICROSOFT HOMEADVISOR, LLC SECRETARY OF STATE TALL-AHASSEE, FLORIDA Principal Place of Business Mailing Address ONE MICROSOFT WAY C/O KÉVIN J. FAY ONE MICROSOFT WAY REDMOND WA 98052-6399 **REDMOND WA 98052-6399** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 91-1898827 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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 Deborah D. Skipper (NOTE: Registered Agent signature requires was a stating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **Addition Change MGR XX Delete TITLE MGR NAME MISTELE, BRYAN P NAME Kevin J. Fay STREET ADDRESS One Microsoft Way Redmond, WA 98052-6399 STREET ADDRESS ONE MICROSOFT WAY CITY-ST-ZIP CITY-ST-ZIF REDMOND WA 98052-6399 Change ☐ Addition TITLE MGR XX Delete TITLE NAME DANFORD, DAVID P NAME STREET ADDRESS STREET ADDRESS ONE MICROSOFT WAY CITY-ST-ZIP CITY-ST-ZIP **REDMOND WA 98052-6399** ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE NAME NAME 800004787538 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

RE-SINAL RECKEVINED Fay, Manager 01/17/02 (425) 882-8080

GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone #

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.



ACCOUNT NO.

072100000032

REFERENCE

754456

AUTHORIZATION

COST LIMIT

ORDER DATE: January 18, 2002

ORDER TIME :

9:25 AM

ORDER NO. :

754456-005

CUSTOMER NO:

4726922

CUSTOMER: Ms. Tamara Steinke

Microsoft Corporation Legal

One Microsoft Way

Building 8

Redmond, WA 98052-6399

ANNUAL REPORT FILING

NAME:

MICROSOFT HOMEADVISOR, LLC

XX ANNUAL REPORT							
PLEASE R	ETURN THE	FOLLOWING	AS	PROOF	OF	FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING							
CONTACT	PERSON:	Betty Young	g -	Ext. 1	L112	2	

EXAMINER'S INITIALS: