

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90157 028 ***150.00

DOCUMENT # P34954

1. Corporation Name

INTERLINQ SOFTWARE CORPORATION

Principal Place of Business

11980 NE 24TH STREET
BELLEVUE WA 98005
US

Mailing Address

11980 NE 24TH STREET
BELLEVUE WA 98005
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1991

4. FEI Number

91-1187540

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE PCEO ☐ DELETE

NAME NECHLEBA, JIRI
STREET ADDRESS 11980 NE 24TH STREET
CITY-ST-ZIP BELLEVUE WA 98052

TITLE VPFS ☐ DELETE

NAME YOUNT, STEVE
STREET ADDRESS 11980 NE 24TH STREET
CITY-ST-ZIP BELLEVUE WA 98052

TITLE CFO ☐ DELETE

NAME YOUNT, STEVE
STREET ADDRESS 11980 NE 24TH STREET
CITY-ST-ZIP BELLEVUE WA 98052

TITLE VPSM ☐ DELETE

NAME GRAHAM, PATRICIA
STREET ADDRESS 11980 NE 24TH STREET
CITY-ST-ZIP BELLEVUE WA 98052

TITLE D ☐ DELETE

NAME WIGHT, TED
STREET ADDRESS 500 108TH AVE. NE
CITY-ST-ZIP BELLEVUE WA 98004

TITLE D ☐ DELETE

NAME GALLAGHER, ROBERT J
STREET ADDRESS 3883 AIRWAY DRIVE
CITY-ST-ZIP SANTA ROSA CA 95403

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐

Change

☐

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐

Change

☐

Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐

Change

☐

Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐

Change

☐

Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐

Change

☐

Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐

Change

☐

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 acknowledgment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

425-827-1112

Daytime Phone #

CR2E034 (11/98)