PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000015130 1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

RUNAWAY SOFTWARE, INC.

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Principal Place	e of Business	Mailing Address						
17692 NW GILB	BERT LANE	17692 GILBERT LANE						
PORTLAND OR 97229 PORTLAND OR 97229					DO NOT WR	ITE IN THIS :	SPACE	
US US					3. Date Incorporated or Qualifed	TE III TINO		
	•				02/14/1996			
		A Mailine Address			4. FEI Number .	- 		plied For
2. Principal Place of Business 2a. Mailing Address				65-0652397		<u> </u>	t Applicable	
21		26 Suite Apt # ste			00 0002591			Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			equired
22	<u> </u>	City & State			5. Startian Compaign Financing			
City & State City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
23	<u> </u>	28 Tin	Countr		8. This corporation owes the cur	root voor Into		10 1 000
Zip	Country	Zip		y	Personal Property Tax.	reni year inia	ΠΩ Yes	□No .
24	25	1-71	30]		10. Name and Address of New	Registered A		
	9. Name and Address of Curre		8	1 Name	10. Name and Address of New	registered y	- Boile	
B4AD	DV D HOEEMAN		ľ	I INAIIIO				
MARK D. HOFFMAN 18415 RUFFIAN WAY			82	2 Street A	ddress (P.O. Box Number is Not Accept	able)		
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			84	4 City	* \$ 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1	कृतपुर्वकारी वाक्षीती है।	85 Zip	Code
		. Since		' '		<u>FL</u>		
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida Statute e of Florida. Such change was au ations of, Section 607.0505, Flori	is, the abor ithorized by ida Statute	ve-named c y the corpor s.	corporation submits this statement for the ration's board of directors. I hereby acceptation	pt the appoir	ntment as re	egistered
SIGNATURE	am familiar with, and accept the oblig	ent and title if applicable. (NOTE:	Registered Ag	· 5.	quired when reinstating) / · · · /	DATE		
signature 12.	Signature, typed or printed name of registered ap OFFICERS A	ations of, Section 607.0505, Flori	ida Statute	ent signature rec	quired when reinstating) / / / / ADDITIONS/CHANGES TO O	DATE		
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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 attachment with address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90001 010 ***150.00