

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

07 APR 24 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

102 JSC



04112007 Chg-P CR2E034 (12/06)

DOCUMENT # P98000108088	
1. Entity Name APPTIMUM, INC.	



Principal Place of Business 13798 NW 4 STREET SUITE 315 SUNRISE, FL 33325 US	Mailing Address 13798 NW 4 STREET SUITE 315 SUNRISE, FL 33325 US
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2. Principal Place of Business - No P.O. Box # One microsoft way Suite, Apt. #, etc.	3. Mailing Address One microsoft way Suite, Apt. #, etc.
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City & State Redmond, WA	City & State Redmond, WA
Zip 98052-6399	Zip 98052-6399
Country USA	Country USA

4. FEI Number 65-0889377	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DOLLIVER, KEITH R LEGAL DEPT BLDG 8, ONE MICROSOFT WAY REDMOND, WA 980526399 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ORNDORFF, BEN LEGAL DEPT BLDG 8, ONE MICROSOFT WAY REDMOND, WA 980526399 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500098224825 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:	BEN ORNDORFF, V.P.	4-12-07	425-706-8080
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 864447 4726922

AUTHORIZATION

COST LIMIT : \$ 150.00

ORDER DATE : April 23, 2007

ORDER TIME : 10:11 AM

ORDER NO. : 864447-010

CUSTOMER NO: 4726922

ANNUAL REPORT FILING

NAME: APPTIMUM, INC.

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath-EXT#2955

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