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DOCUMENT # P9900051316 DEMANDSTAR.COM, INC.					Mar 06, 2002 8:00 am Secretary of State 03-06-2002 90138 038 ***158.75			
Principal Place 1551 SANDSI SUITE B MAITLAND FL		Mailing Address 1551 SANDSPUR ROAD SUITE B MAITLAND FL 32751	7.					
	value of Business Nercer Street #, etc.	3. Mailing Address 1260 Mercer Suite, Apt. #, etc.	r stree	<u>+</u>	{CD {CD { U	DO NOT WRITE	46 111 24 1141 21201 1124 5 1111	k li eit e lik l eei
City & State	le,WH	City & State Seattle, War	Country			59-3590973	N	pplied For ot Applicable
. Zip 981	09 USA	71109	th S		5. Certificate of Sta		Fee Require	
6. Name and Address of Current Registered Agent JORDAN, EDWARD S 2360 SE 9TH STREET POMPANO BEACH FL 33062				7. Name and Address of New Registered Agent lame Corporation Service Company treet Address (P.O. Box Number is Not Acceptable) 1201 Hays Stweet Tallahassee FL Zip Code 32301				
SIGNATURE . 9. This corporate fax filing r	signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	co Company	gistered Agent signate FEE IS \$150. Fee will be \$5	ure required with the second s	10. Election	Campaign Finan	19, 2000 DATE	00 May Be
11.	OFFICERS AND D		12.		ADDITIONS/CHAP	NGES TO OFFICI	RS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCED PICKETT, MICHAEL 1551 SANDSPUR ROAD, SUITE B MAITLAND FL 32751	∑	THTLE NAME STREET ADDRESS CITY-ST-ZIP	P/O micha 1260 Seatt	el Pickett mercer stree le WA 98	t 109	⊠ Change	☐ Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WAY, CAMERON S 6700 119TH AVENUE SE BELLEVUE WA 98006	∑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Clayto 1260 Seatt	n Lewis mercer stra le wa 9	et	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCO JORDAN, EDWARD S 901 SWEETWATER BLVD. S LONGWOOD FL 32779	₩ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	And 18 1260	w mun		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Camero 1260	on Way mercer Stre		⊠ Change	<u></u> Æ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
indicated of the cor	pertify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my si ered to execute this report as re	anature shall h	ave the sar	me legal effect as if	made under oatl	n: that I am an officei	or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

Teb 19, 2002 (206) 373-9338

Date Destrict Phone #