

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 839235

1. Entity Name

NEOPOST INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90040 029 ***150.00

Principal Place of Business

Mailing Address

30955 HUNTWOOD AVE
HAYWARD CA 94544

30955 HUNTWOOD AVE
HAYWARD CA 94544-7005

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-2388882

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
P	MAHLSTEDT, NEIL	944 SHORELINE ROAD LBS	BARRINGTON IL	☐
VP	DICKESON, STEPHEN M	4425 GREENS CT	LIVERMORE CA	☐
VP	WEBER, JEAN	1537 WILLARD ST	SAN FRANCISCO CA	☐
VP	WISSLER, BARBARA	30955 HUNTWOOD AVE.	HAYWARD CA 94544	☐
VP	HILLEGASS, ROBERT	1566 VIEW DRIVE	SAN LEANDRO CA	☐
D	GUILLET, MICHAEL	54 AVE. MARCEAU	PARIS FR 75008	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00 (560) 484-0600

CR2E034 (9/99)