

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 839235

1. Entity Name
NEOPOST INC.

Principal Place of Business
30955 HUNTWOOD AVE
HAYWARD CA 94544

Mailing Address
30955 HUNTWOOD AVE
HAYWARD CA 94544

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, 2001 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	P	<input checked="" type="checkbox"/> Delete
NAME	MAHLSTEDT, NEIL	
STREET ADDRESS	944 SHORELINE ROAD LBS	
CITY-ST-ZIP	BARRINGTON IL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DICKESON, STEPHEN M	
STREET ADDRESS	4425 GREENS CT	
CITY-ST-ZIP	LIVERMORE CA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEBER, JEAN	
STREET ADDRESS	1537 WILLARD ST.	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WISSLER, BARBARA	
STREET ADDRESS	30955 HUNTWOOD AVE.	
CITY-ST-ZIP	HAYWARD CA 94544	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HILLEGASS, ROBERT	
STREET ADDRESS	1566 VIEW DRIVE	
CITY-ST-ZIP	SAN LEANDRO CA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUILLET, MICHAEL	
STREET ADDRESS	54 AVE. MARCEAU	
CITY-ST-ZIP	PARIS FR 75008	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony G. Adkins	
STREET ADDRESS	4659 Gate Tree Circle	
CITY-ST-ZIP	Pleasanton, CA 94566	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	779 Nandina Ct.	
CITY-ST-ZIP	Fremont, CA 94539	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean-Paul Villot	
STREET ADDRESS	113 rue Jean-Marie Naudin	
CITY-ST-ZIP	92220, Bagneux, France	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neil D. Mahlstadt	
STREET ADDRESS	30955 Huntwood Ave.	
CITY-ST-ZIP	Hayward, CA 94544	

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

STEPHEN M. DICKESON

Date

Daytime Phone #

4/24/01 (570) 489-6800

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE