

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90236 021 \*\*\*150.00

0196341 AT

**DOCUMENT # F00000004530**  
 1. Entity Name  
**CENTERPOINT BROADBAND TECHNOLOGIES, INC.**

(WA)

Principal Place of Business: **1745 TECHNOLOGIES DRIVE, SUITE 400 SAN JOSE CA 95110**  
 Mailing Address: **1745 TECHNOLOGIES DRIVE, SUITE 400 SAN JOSE CA 95110**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State  
 Zip Country Zip Country

4. FEI Number: **77-0501799**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>COO<br/>GLAZEBROOK, WARD M<br/>180 FREMONT AVENUE<br/>LOS ANGELES CA 94024</b> <input type="checkbox"/> Delete                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS<br/>LAZAROW, WARREN T<br/>220 GENG ROAD, TWO EMBARCADERO PLACE<br/>PALO ALTO CA 94303</b> <input type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CFO<br/>STEINBRONER, ERIC<br/>11141 SANTA TERESA DRIVE<br/>CUPERTINO CA 95014</b> <input type="checkbox"/> Delete                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PS<br/>WALDMAN, DANA<br/>1741 TECHNOLOGY DRIVE, SUITE 400<br/>SAN JOSE CA 95110</b> <input type="checkbox"/> Delete                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BERCKMAN, WILLIAM<br/>650 MADISON AVENUE<br/>NEW YORK NY 10022</b> <input type="checkbox"/> Delete                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>MONTGOMERY, H. DUBOSE<br/>3000 SAND HILL ROAD, BLDG. 4, STE. 305<br/>MENLO PARK CA 94025</b> <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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 RECORDED *Financial Controller* 7/23/01 408 392-3930  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E094 (5/01)

Attachment  
#F00000004530  
774029 centerpoint

July 23, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: UBR Document # F00000004530

To Whom It May Concern:

Enclosed please find the signed UBR Form for Centerpoint, along with a check for the processing fee. Per one of your representatives, the \$500.00 fee was reduced to \$150.00, as this is the first time we've seen this form, and we received it after the May 1, 2001 deadline.

Should you have any questions, I can be contacted directly at (408) 452-2984.

Sincerely,



Marie Curiel  
Payroll Administrator