2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE:

May 18, 2001 8:00 am Secretary of State DOCUMENT # F0000004959 1. Entity Name 549200-CAD-500 \$150.00 560004-CAD-800 400.00 05-18-2001 91551 014 ***550.00 ACCOUNTANTS INC. SERVICES Principal Place of Business Mailing Address 111 ANZA BLVD.. #400 111 ANZA BLVD.. #400 **BURLINGAME CA 94010** BURLINGAME CA 94010 C0068387 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FÉI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 Change ☐ Addition CR2E034 (10/00) TITLE ☐ Delete TITLE UNROE, JOHN P NAME NAME 111 ANZA BLVD., #400 STREET ADDRESS STREET ADDRESS **BURLINGAME CA 94010** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE BRANGAN, SANDRA NAME NAME 111 ANZA BLVD., #400 STREET ADDRESS STREET ADDRESS **BURLINGAME CA 94010** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE FOTI, JOSEPH NAME NAME 111 ANZA BLVD., #400 STREET ADDRESS STREET ADDRESS **BURLINGAME CA 94010** CITY-ST-ZIP CITY-ST-ZIP CD TITLE ☐ Delete TITLE Change ☐ Addition MARTIN, TONY NAME NAME ZIGGURAT, GROSVENOR RD., ST. ALBANS STREET ADDRESS STREET ADDRESS HERTFORDSHIRE, ENGLAND CITY-ST-ZIE CITY-ST-ZIP ח TITI F ☐ Delete TITLE Change Addition MILES, ZACH NAME NAME ZIGGURAT, GROSVENOR RD., ST. ALBANS STREET ADDRESS STREET ADDRESS HERTFORDSHIRE, ENGLAND CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Joseph Foti, Treasurer 4/30/01 (650)579-1111

Daytime Phone #