

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

US 16 AI

DOCUMENT # F00000006704

1. Entity Name
TELEPHIA, INC.

02-19-2002 90124 026 ***150.00

Principal Place of Business 200 VALLEJO SAN FRANCISCO CA 94111	Mailing Address 200 VALLEJO SAN FRANCISCO CA 94111
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 101 GREEN ST.	3. Mailing Address 101 GREEN ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SAN FRANCISCO, CA	City & State SAN FRANCISCO, CA	4. FEI Number 91-1911335	Applied For <input type="checkbox"/> Not Applicable
Zip 94111	Country USA	Zip 94111	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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 \$150.00
After May 1, 2002 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

TITLE CEO	NAME FRANGIONE, TOM	<input type="checkbox"/> Delete
STREET ADDRESS 200 VALLEJO	CITY-ST-ZIP SAN FRANCISCO CA 94111	
TITLE PS	NAME OYLER, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 200 VALLEJO	CITY-ST-ZIP SAN FRANCISCO CA 94111	
TITLE VCFO	NAME CARMEDELLE, BRUCE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 200 VALLEJO	CITY-ST-ZIP SAN FRANCISCO CA 94111	
TITLE D	NAME MATLACK, TOM	<input type="checkbox"/> Delete
STREET ADDRESS 200 VALLEJO	CITY-ST-ZIP SAN FRANCISCO CA 94111	
TITLE D	NAME CONLEY, RAY	<input type="checkbox"/> Delete
STREET ADDRESS 200 VALLEJO	CITY-ST-ZIP SAN FRANCISCO CA 94111	
TITLE D	NAME ANDERSON, SCOTT	<input type="checkbox"/> Delete
STREET ADDRESS 200 VALLEJO	CITY-ST-ZIP SAN FRANCISCO CA 94111	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE EXECUTIVE V.P.	NAME FRANGIONE, TOM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 101 GREEN ST.	CITY-ST-ZIP SAN FRANCISCO, CA 94111	
TITLE PRESIDENT + CEO	NAME MULLAGH, MICHAEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 101 GREEN ST.	CITY-ST-ZIP SAN FRANCISCO, CA 94111	
TITLE CFO, TREASURER, SECRETARY	NAME LANE, ROBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 101 GREEN ST.	CITY-ST-ZIP SAN FRANCISCO, CA 94111	
TITLE DIRECTOR	NAME MATLACK, TOM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS NEWBURY ST.	CITY-ST-ZIP BOSTON, MA 02116	
TITLE DIRECTOR	NAME CONLEY, RAY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2460 SAND HILL RD	CITY-ST-ZIP MENLO PARK, CA 94025	
TITLE DIRECTOR	NAME ANDERSON, SCOTT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2415 CARILLON POINT	CITY-ST-ZIP KIRKLAND, WA 98033	

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 REQUIRED** **MICHAEL MULLAGH** **1/16/02 (415)834-9200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/01)