

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 28, 2003 8:00 am**  
**Secretary of State**

01-28-2003 90079 050 \*\*\*\*61.25

**DOCUMENT # F99000005694**

1. Entity Name  
**NETAID FOUNDATION, INC.**



Principal Place of Business  
**267 FIFTH AVENUE  
11TH FLOOR  
NEW YORK NY 10016**

Mailing Address  
**267 FIFTH AVENUE  
11TH FLOOR  
NEW YORK NY 10016**

**90011951**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-3333928**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**C T CORPORATION SYSTEM  
1200 SOUTH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*

DATE **1/20/2003**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BELLAMY, CAROL</b>	
STREET ADDRESS	<b>THREE UN PLAZA</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, M M</b>	
STREET ADDRESS	<b>ONE UN PLAZA</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CAPELING-ALAKIA, SHARON</b>	
STREET ADDRESS	<b>POATFACH 26011</b>	
CITY-ST-ZIP	<b>BON GERMANY 53153</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, QUINCY</b>	
STREET ADDRESS	<b>3800 BARHAM BLVD.</b>	
CITY-ST-ZIP	<b>LOS ANGELES CA 90069</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LISTWIN, DON</b>	
STREET ADDRESS	<b>800 CHESQUAPE DR</b>	
CITY-ST-ZIP	<b>REDWOOD CITY CA 94063</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHAMBERS, JOHN</b>	
STREET ADDRESS	<b>170 W TASMAN DR</b>	
CITY-ST-ZIP	<b>SAN JOSE CA 95134</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>Bonn</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>800 CHESAPEAKE DRIVE</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

23 January 2003 2125370500

CR2E037 (10/02)