

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003761

1. Entity Name

APTIA, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90179 019 \*\*\*150.00

Principal Place of Business

6541 VIA DEL ORO, SUITE A  
SAN JOSE CA 95119

Mailing Address

6541 VIA DEL ORO, SUITE A  
SAN JOSE CA 95119-1207

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3000 Aerial Center Pkwy

Suite 115

Morrisville NC

27560

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

77-0449663

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

POBST, ERIC  
218 BEACH BLVD., #7  
JACKSONVILLE BEACH FL 32250

Name

Street Address (P.O. Box Number is Not Acceptable)

1621 Beach Avenue #1

City

Atlantic Beach

FL

Zip Code

32223

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, 2000 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	V	<input type="checkbox"/> Delete
NAME	MAYDONOVITCH, JOHN	
STREET ADDRESS	10465 BERKSHIRE DR.	
CITY-ST-ZIP	LOS ALTOS CA 94024	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TANOURY, MARK	
STREET ADDRESS	ONE MARITIME PLAZA 20TH FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, DAVID L	
STREET ADDRESS	755 PAGE MILL ROAD, A-200	
CITY-ST-ZIP	PALO ALTO CA 94304	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHARNEY, HOWARD	
STREET ADDRESS	22543 SUMMIT ROAD	
CITY-ST-ZIP	LOS GATOS CA 95030	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIXON, DON	
STREET ADDRESS	2480 SAND HILL ROAD, SUITE 100	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GROSSI, BRIAN	
STREET ADDRESS	1 FIRST STREET, SUITE 2	
CITY-ST-ZIP	LOS ALTOS CA 94022	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 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	William Pres a CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Pieser	
STREET ADDRESS	6541 Via Del Oro Suite A	
CITY-ST-ZIP	San Jose CA 95119	

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, the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Pieser

2-25-00 (408) 360 3901

Date

Daytime Phone #

CR2E034 (9/99)