2000 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2000 8:00 am Secretary of State **DOCUMENT # 845389** INNOVATIVE INTERFACES INCORPORATED 04-12-2000 90010 039 ***150.00 Mailing Address Principal Place of Business 5850 SHELLMOUND ST. 5850 SHELLMOUND ST EMERYVILLE CA 94608-1901 **EMERYVILLE CA 94608** LIS 2. Principal Place of Business 3. Mailing Address 5850 Shellmound Way 5850 Shellmound Way Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 94-2553274 Not Applicable Emeryville, CA Emeryville Country Zip Zio Country \$8.75 Additional 5. Certificate of Status Desired 94608 USA 94608 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **HURLEY, JAMIE KANNETTE** Street Address (P.O. Box Number is Not Acceptable) INNOVATIVE INTERFACES INC. 1019 S.E. 3RD ST. **OCALA FL 32671** 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 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD Change ☐ Addition PD TITLE ☐ Delete TITLE KLINE, GERALD M. NAME KLINE, GERALD M. NAME 5850 Shellmound Way STREET ADDRESS STREET ADDRESS 901 MENDOCINO CITY-ST-7IP CITY-ST-ZIP Emeryville, CA 94608 BERKELEY CA K Change ☐ Addition ☐ Delete TITLE NAME SILBERSTEIN, STEPHEN M. NAME SILBERSTEIN, STEPHEN M. STREET ADDRESS STREET ADDRESS 5850 Shellmound Way 29 EUCALYPTUS CITY-ST-ZIP CITY-ST-ZIP BERKELEY CA 97920 <u>Emeryville, CA 94608</u> Addition ☐ Change... ☐ Delete TITLE Vice President & CFO NAME NAME HOFBAUER, JAMES A. STREET ADDRESS STREET ADDRESS 5850 Shellmound Way CITY-ST-ZIP CITY-ST-ZIP <u>Emeryville, CA</u> ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition T!TI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 changed, or on an attachment with an address, with all other like empowered.

FILED

James A. Hofbauer, VP/CFO 03/03/00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Hofbauer, VP/CFO 03/03/00

(510) 6559/1796-2700