

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90730 048 ***150.00

0628316 AT

DOCUMENT # 845389

1. Entity Name

INNOVATIVE INTERFACES INCORPORATED

Principal Place of Business

**5850 SHELLMOUND WAY
 EMERYVILLE CA 94608
 US**

Mailing Address

**5850 SHELLMOUND WAY
 EMERYVILLE CA 94608
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-2553274

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

**ROBERSON, MARCUS
 409 - 14TH STREET
 ST. AUGUSTINE FL 22095**

Name

Michael Burton

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

9283 Powder Horn Avenue

City

Tallahassee

FL

Zip Code

32308-9790

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.

Michael Burton

(NOTE: Registered Agent signature required when reinstalling)

3/28/02

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **KLINE, GERALD M.**
 STREET ADDRESS **5850 SHELLMOUND WAY**
 CITY-ST-ZIP **EMERYVILLE CA 94608**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VST** ☒ Delete
 NAME **SILBERSTEIN, STEPHEN M.**
 STREET ADDRESS **5850 SHELLMOUND WAY**
 CITY-ST-ZIP **EMERYVILLE CA 94608**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPCF** ☐ Delete
 NAME **HOFBAUER, JAMES A**
 STREET ADDRESS **5850 SHELLMOUND WAY**
 CITY-ST-ZIP **EMERYVILLE CA 94608**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Hofbauer, CFO/VP 03/26/02 510 655-6200

Date

Daytime Phone #

CP2E034 (9/01)