

FILED
Mar 04, 2003 8:00 am
Secretary of State

DOCUMENT # F98000002502



Mailing Address
LEGAL DEPT M/S 1068
PO BOX 10301
PALO ALTO CA 94303-0890

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	FIORINA, CARLETON S	
STREET ADDRESS	3000 HANOVER ST.	
CITY - ST - ZIP	PALO ALTO CA 94304	

TITLE	DVPC	<input type="checkbox"/> Delete
NAME	WAYMAN, ROBERT P	
STREET ADDRESS	3000 HANOVER ST.	
CITY - ST - ZIP	PALO ALTO CA 94304	

TITLE	S	<input type="checkbox"/> Delete
NAME	BASKINS, ANN O	
STREET ADDRESS	3000 HANOVER ST.	
CITY-ST-ZIP	PALO ALTO CA 94304	

TITLE	AS	<input type="checkbox"/> Delete
NAME	CHARNAS, CHARLES N	
STREET ADDRESS	3000 HANOVER ST.	
CITY - ST - ZIP	PALO ALTO CA 94304	

TITLE	D	<input type="checkbox"/> Delete
NAME	CONDIT, PHILLIP M	
STREET ADDRESS	3000 HANOVER ST.	
CITY-ST-ZIP	PALO ALTO CA 94304	

TITLE	T	<input type="checkbox"/> Delete
NAME	TOMLINSON, LAWRENCE	
STREET ADDRESS	3000 HANOVER ST.	
CITY - ST - ZIP	PALO ALTO CA 94304	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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		

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CITY - ST - ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03 (650) 957-1501