

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # F00000000336

1. Entity Name
PROJECT ACHIEVE INC.

Principal Place of Business 330 TOWNSEND, SUITE 217 SAN FRANCISCO CA 94107	Mailing Address 330 TOWNSEND, SUITE 217 SAN FRANCISCO CA 94107
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2. Principal Place of Business 250 FOURTH ST. Suite, Apt. #, etc.	3. Mailing Address 250 FOURTH ST. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State SAN FRANCISCO CA	City & State SAN FRANCISCO CA	4. FEI Number 04-3414513	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 94103	Country	Zip 94103	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD

 PLANTATION FL 33324 US

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.

SIGNATURE _____ DATE **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HADFIELD THOMAS JVP 250 FOURTH ST. SAN FRANCISCO CA 94103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINZI ROBERT 3000 SAN HILL ROAD, BLDG #3, SUITE 170 MENLO PARK CA 94025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINN CHESTER JR. 5404 SURREY STREET BETHESDA MD 20815 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESAI MIHIR HBS, MORGAN 363 BOSTON MA 02163 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHASE TOM ONE INTERNATIONAL PLACE BOSTON MA 02110 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTCD BOYD STACY MPRES 2477 VALLEJO STREET SAN FRANCISCO CA 94123 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: THOMAS J. HADFIELD VP/S Date 04/27/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)

WEBER, ELIZABETH
3000 SAND HILL ROAD
BUILDING #3, SUITE 170
MENLO PARK, CA 94025

HICKEY, JANET - DIRECTOR
277 PARK AVENUE

NEW YORK, NY 10172