2001	UNI		SINESS REPO	RT	(UBF	<del>- T- </del> to see the second of t		
DOCUMENT # F0000000336  1. Entity Name PROJECT ACHIEVE INC.						Apr 27, 2001 08:00 AM Secretary of State		
Principal Place		<u> </u>	Mailing Address	<del></del>				
SAN FRANCISO	со	CA	SAN FRANCISCO 94107	RANCISCO CA				
2. Principal P	face of Busin	ness	3. Mailing Address 250 FOURTH ST.					
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State SAN FRANCISCO CA			City & State san francisco			4. FEI Number Applied For 04-3414513 Not Applicable		
Zip 94103		Country	Zip 94103	Coun	try	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
	6. Name	and Address of Curre	ent Registered Agent			7. Name and Address of New Registered Agent		
	DRATION SY H PINE ISLA				Name Street A	Address (P.O. Box Number is Not Acceptable)		
			_					
PLANTATIO 33324	ON	US	FL		City	FL Zip Code		
8. The above	named entit	v submits this statemer	nt for the purpose of changing its	s registere	ed office or	or registered agent, or both, in the State of Florida.		
Tax filing r	oration is elig	or printed name of registered as tible to satisfy its Intang and elects to do so.	1/5g # 0-10	III FEE 101 Fee	IS \$150.I will be \$5	\$550.00 Trust Fund Contribution South Form		
11.		OFFICERS A	ND DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS		·	☐ Delete	TITLE NAME STRE		S Change Addition HADFIELD THOMAS JVP S 250 FOURTH ST. SAN FRANCISCO CA 94103		
CITY-ST-ZIP					ST-ZIP	SAN FRANCISCO CA 94103		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ET ADDRESS	· · · · ·		
TITLE	D				·ST-ZIP	MENLO PARK CA 94025		
NAME STREET ADDRESS CITY-ST-ZIP	FINN	CHESTER JR. REY STREET DA	☐ Delete  MD 20815			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS	TD Delete DESAI MIHIR HBS, MORGAN 363		TITLE NAME STRE		D Change Addition DESAI MIHIR S HBS, MORGAN 363			
CITY-ST-ZIP	BOSTON		MA 02163	CITY	ST-ZIP	BOSTON MA 02163		
TITLE NAME	S Delete		TITLE		☐ Change ☐ Addition			
STREET ADDRESS CITY-ST-ZIP	ONE INTI BOSTON	ERNATIONAL PLACE	MA 02110		et address ·st-zip			
TITLE NAME	PCD BOYD	STACY M	☐ Delete	TITLE		PTCD \ \textbf{X} Change \ \ \textbf{Addition} \\ \text{BOYD} \ \text{STACY MPRES}		
STREET ADDRESS CITY-ST-ZIP	SAN FRAI		CA 94123	CITY-	et address ·ST-ZIP	SAN FRANCISCO CA 94123		
of the cor	poration or th	n or supplemental repo ne receiver or trustee ei	itt is true and accurate and that	my signat t as requir	ure chail h	tated in Section 119.07(3)(i), Florida Statutes. I further certify that the information I have the same legal effect as if made under oath; that I am an officer or director hapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if		

VP/S

04/27/2001 Date

Daytime Phone #

SIGNATURE: THOMAS J. HADFIELD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

HICKEY, JANET - DIRECTOR 277 PARK AVENUE

NEW YORK, NY 10172