

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000824

1. Entity Name
NETIGY CORPORATION

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90130 024 ***150.00

Principal Place of Business
100 HEADQUARTERS DR.
ATTN: ACCOUNTING DEPARTMENT
SAN JOSE CA 95134

Mailing Address
100 HEADQUARTERS DR.
ATTN: ACCOUNTING DEPARTMENT
SAN JOSE CA 95134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-3134446**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SCHWARTZ, ROBERT
C/O ENS 3230 W. COMMERCIAL #290
FORT LAUDERDALE FL 33309

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CS
FARRELL, STEVE
3719 JEFFERSON COURT
REDWOOD CITY CA 94062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
WILLIAMS, DUSTON
100 HEADQUARTER DRIVE SAN JOSE CA 95134 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOORE, GARY
406 EAST EIDEN AVENUE
LOS ALTOS CA 94022 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FENTON NOEL
100 HEADQUARTER DRIVE SAN JOSE CA 95134 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REIRNE, DAVE
2480 SANDHILL ROAD, #2000
MENLO PARK CA 94205 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CLARK, WILL
8502 EAST CAVE CREEK ROAD, SUY RANCH #30
CAREFREE AZ 80377 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DUSTON WILLIAMS 1-17-01 (408) 9538410

CR250 (10/00)