

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90068 021 ***550.00

DOCUMENT # F00000001095

1. Entity Name
FIBERSTARS, INC.

Principal Place of Business

**44259 NOBEL DRIVE
 FREMONT CA 94538**

Mailing Address

**44259 NOBEL DRIVE
 FREMONT CA 94538**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-3021850

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 \$550.00

After September 12, 2001 Fee will be \$750.00

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	P	<input type="checkbox"/> Delete
NAME	RUCKERT, DAVID N	
STREET ADDRESS	44259 NOBEL DRIVE	
CITY-ST-ZIP	FREMONT CA 94538	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	CONNORS, ROBERT A	
STREET ADDRESS	44259 NOBEL DRIVE	
CITY-ST-ZIP	FREMONT CA 94538	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELIOT, THEODORE	
STREET ADDRESS	5850 GROVE STREET	
CITY-ST-ZIP	SONOMA CA 95476	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEUER, MICHAEL	
STREET ADDRESS	1310 UNIVERSITY AVE.	
CITY-ST-ZIP	PALO ALTO CA 94301	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARET, BILL	
STREET ADDRESS	210 HARDWICK ROAD	
CITY-ST-ZIP	WOODSIDE CA 94062	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELLMAN, WAYNE	
STREET ADDRESS	32000 AURORA ROAD	
CITY-ST-ZIP	OLON OH 44139	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK STUPPIN	
STREET ADDRESS	2162 COFFEE LANE	
CITY-ST-ZIP	SEBASTOPOL, CA 95472	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MERRIMAN, JON	
STREET ADDRESS	185 BERRY ST.	
CITY-ST-ZIP	SAN FRANCISCO, CA 94107	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLFSON, PHIL	
STREET ADDRESS	6 CREST RD.	
CITY-ST-ZIP	SAN ANSELMO, CA 94960	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUUD, ALAN J.	
STREET ADDRESS	32000 AURORA RD.	
CITY-ST-ZIP	OLON, OH 44139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

ROBERT A. CONNORS
 VP OF FINANCE
 CEO

510-490-0719

CR2E034 (5/01)