

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001233

1. Entity Name
HOMEGAIN.COM, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90309 047 ***150.00

Principal Place of Business
1250 45TH STREET
EMERYVILLE CA 94608

Mailing Address
1250 45TH STREET
EMERYVILLE CA 94608



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	94-3326005	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>	\$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

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INMAN, BRADLEY	NAME	
STREET ADDRESS	5124 COCHRANE AVE	STREET ADDRESS	
CITY-ST-ZIP	OAKLAND CA 94618	CITY-ST-ZIP	
TITLE	COO <input type="checkbox"/> Delete	TITLE	P/COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, JOHN	NAME	John Baker
STREET ADDRESS	379 DOLAN AVE	STREET ADDRESS	379 Dolan Ave
CITY-ST-ZIP	MILL VALLEY CA 94941	CITY-ST-ZIP	Mill Valley CA 94941
TITLE	CTO <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, TIM	NAME	
STREET ADDRESS	18861 WESTVIEW DR	STREET ADDRESS	
CITY-ST-ZIP	SARATOGA CA 95070	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACAULEY, MELINDA	NAME	
STREET ADDRESS	121 LINCOLN WAY	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94122	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, ANDREW	NAME	
STREET ADDRESS	410 LAKE ST #4	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94118	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREIBER, MATTHEW	NAME	
STREET ADDRESS	3364 21ST ST	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94110	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: Matthew Schreiber 1/10/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (510) 655-0800 Daytime Phone #

CR2E034 (10/00)