

# 2003 UBR

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN 17 PM 2:03

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000001292

1. Entity Name

Mesh Networks, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

485 N. Keller Road

3. Mailing Address

Same -

Suite, Apt. #, etc.

Suite 250

Suite, Apt. #, etc.

City & State

Maitland FL

City & State

4. FEI Number

593624333

Applied For

Not Applicable

Zip

32751

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Patrick R. McNaair

Street Address (P.O. Box Number is Not Acceptable)

485 N. Keller Road, Suite 250

City

Maitland

FL

Zip Code

32751

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/D  
NAME Richard Licursi  
STREET ADDRESS 485 N. Keller Road, Ste. 250  
CITY-ST-ZIP Maitland, FL 32751

TITLE C  
NAME Michael Buffa  
STREET ADDRESS 485 N. Keller Rd., Ste. 250  
CITY-ST-ZIP Maitland, FL 32751

TITLE D  
NAME Jai Bhagat  
STREET ADDRESS 485 N. Keller Rd., Ste. 250  
CITY-ST-ZIP Maitland, FL 32751

TITLE D  
NAME Osmo Hautanen  
STREET ADDRESS 485 N. Keller Rd., Ste. 250  
CITY-ST-ZIP Maitland, FL 32751

TITLE D  
NAME Raj Parekh  
STREET ADDRESS 485 N. Keller Road, Ste 250  
CITY-ST-ZIP Maitland, FL 32751

TITLE D  
NAME Gerald Hiltbrich  
STREET ADDRESS 485 N. Keller Rd., Ste. 250  
CITY-ST-ZIP Maitland, FL 32751

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

12. 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 10 or on an attachment with an address with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick R. McNaair 1/10/03 407-659-5300

Date

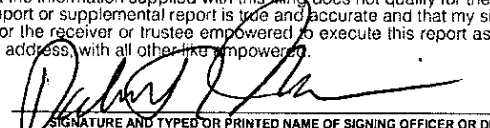
Daytime Phone #

Page 2

292

**FOR-PROFIT CORPORATION  
UNIFORM-BUSINESS-REPORT (UBR)**

**Additional  
Officers +  
Directors  
Only**

|                                                                                                                                                                                                                               |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| DOCUMENT #                                                                                                                                                                                                                    |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |
| 1. Entity Name<br><b>MeshNetworks, Inc.</b>                                                                                                                                                                                   |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                             |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |
| 2. Principal Place of Business<br><b>485 N. Keller Road</b>                                                                                                                                                                   |                                                                                             | 3. Mailing Address<br><b>- Same -</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |
| Suite, Apt. #, etc.<br><b>Suite 250</b>                                                                                                                                                                                       |                                                                                             | Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
| City & State<br><b>Maitland, FL</b>                                                                                                                                                                                           |                                                                                             | City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| Zip<br><b>32751</b>                                                                                                                                                                                                           | Country<br><b>USA</b>                                                                       | Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                  |
| 4. FEI Number<br><b>593624333</b>                                                                                                                                                                                             |                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                     |                                                                                             | <b>\$8.75</b> Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |
| 7. Name and Address of Current Registered Agent                                                                                                                                                                               |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |
| Name <b>Patrick R. McNair</b>                                                                                                                                                                                                 |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>485 N. Keller Rd., Ste. 250</b>                                                                                                                                      |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |
| City<br><b>Maitland</b>                                                                                                                                                                                                       |                                                                                             | FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Zip Code<br><b>32751</b> |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                             |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |
| 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. I am familiar with, and accept the obligations of registered agent. |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____                                                                                                                                 |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |
| <b>January 1 - May 1 Fee is \$150.00</b><br><b>After May 1, Fee is \$550.00</b><br><b>Amended UBR is \$61.25</b><br><b>Make Check Payable to Florida Department of State</b>                                                  |                                                                                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |
| TITLE<br>D                                                                                                                                                                                                                    | <b>Geve Josephs</b><br><b>485 N. Keller Rd., Ste. 250</b><br><b>Maitland, FL 32751</b>      | TITLE<br>NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
| NAME                                                                                                                                                                                                                          |                                                                                             | STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |
| STREET ADDRESS                                                                                                                                                                                                                |                                                                                             | CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                                                                             | TITLE<br>NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
| TITLE<br>D                                                                                                                                                                                                                    | <b>Larry Swanson</b><br><b>485 N. Keller Rd., Ste. 250</b><br><b>Maitland, FL 32751</b>     | STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |
| NAME                                                                                                                                                                                                                          |                                                                                             | CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |
| STREET ADDRESS                                                                                                                                                                                                                |                                                                                             | TITLE<br>NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                                                                             | STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |
| TITLE<br>D                                                                                                                                                                                                                    | <b>Lou Giuliani</b><br><b>485 N. Keller Rd., Ste. 250</b><br><b>Maitland, FL 32751</b>      | CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |
| NAME                                                                                                                                                                                                                          |                                                                                             | <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |
| STREET ADDRESS                                                                                                                                                                                                                |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |
| TITLE<br>CFO                                                                                                                                                                                                                  | <b>Patrick R. McNair</b><br><b>485 N. Keller Rd., Ste. 250</b><br><b>Maitland, FL 32751</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |
| NAME                                                                                                                                                                                                                          |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |
| STREET ADDRESS                                                                                                                                                                                                                |                                                                                             | TITLE<br>NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                                                                             | STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |
| TITLE<br>✓                                                                                                                                                                                                                    | <b>Peter Stanforth</b><br><b>485 N. Keller Rd., Ste. 250</b><br><b>Maitland, FL 32751</b>   | CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |
| NAME                                                                                                                                                                                                                          |                                                                                             | TITLE<br>NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
| STREET ADDRESS                                                                                                                                                                                                                |                                                                                             | STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                                                                             | CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |
| TITLE<br>✓                                                                                                                                                                                                                    | <b>Rick Rotondo</b><br><b>485 N. Keller Rd., Ste. 250</b><br><b>Maitland, FL 32751</b>      | TITLE<br>NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |
| NAME                                                                                                                                                                                                                          |                                                                                             | STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |
| STREET ADDRESS                                                                                                                                                                                                                |                                                                                             | CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |
| CITY-ST-ZIP                                                                                                                                                                                                                   |                                                                                             | 12. 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 10 or on an attachment with an address, with all other like empowerments. |                          |
| SIGNATURE:  <b>Patrick R. McNair</b> 1/10/03 407-659-5300                                                                                  |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____                                                                                                                     |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |

Page 3

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

WFS

**Additional  
Officers and  
Directors  
Only**

DO NOT WRITE IN THIS SPACE

|                                              |                                                                                   |
|----------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT #                                   |  |
| 1. Entity Name<br><i>Mesh Networks, Inc.</i> |                                                                                   |

**DO NOT WRITE IN THIS SPACE**

|                                                                                                        |                                                              |     |         |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----|---------|
| 2. Principal Place of Business<br><i>485 N. Keller Road</i><br>Suite, Apt. #, etc.<br><i>Suite 250</i> | 3. Mailing Address<br><i>- Same -</i><br>Suite, Apt. #, etc. |     |         |
| City & State<br><i>Maitland FL</i>                                                                     | City & State                                                 |     |         |
| Zip<br><i>32757</i>                                                                                    | Country<br><i>USA</i>                                        | Zip | Country |

|                                                                                                 |                                         |                                            |
|-------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------|
| 4. FEI Number<br><i>593624333</i>                                                               | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                         |                                            |

**DO NOT WRITE IN THIS SPACE**

|                                                                                          |                             |
|------------------------------------------------------------------------------------------|-----------------------------|
| 7. Name and Address of Current Registered Agent                                          |                             |
| Name<br><i>Patrick R. McNair</i>                                                         |                             |
| Street Address (P.O. Box Number is Not Acceptable)<br><i>485 N. Keller Rd., Ste. 250</i> |                             |
| City<br><i>Maitland</i>                                                                  | FL Zip Code<br><i>32751</i> |

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. I am familiar with, and accept the obligations of registered agent.

|                                                                                                                                                  |                                                                                                                                            |                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| SIGNATURE<br><i>Patrick R. McNair</i>                                                                                                            | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE                                                                                                                   |
| January 1 - May 1 Fee is \$150.00<br>After May 1, Fee is \$550.00<br>Amended UBR is \$61.25<br>Make Check Payable to Florida Department of State |                                                                                                                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |

| 10. OFFICERS AND DIRECTORS                           |                                    |                |      |
|------------------------------------------------------|------------------------------------|----------------|------|
| TITLE<br><i>V/S</i>                                  | NAME<br><i>Clifford L. Challen</i> | TITLE          | NAME |
| STREET ADDRESS<br><i>485 N. Keller Rd., Ste. 250</i> |                                    | STREET ADDRESS |      |
| CITY-ST-ZIP<br><i>Maitland, FL 32751</i>             |                                    | CITY-ST-ZIP    |      |
| TITLE                                                | NAME                               | TITLE          | NAME |
| STREET ADDRESS                                       |                                    | STREET ADDRESS |      |
| CITY-ST-ZIP                                          |                                    | CITY-ST-ZIP    |      |
| TITLE                                                | NAME                               | TITLE          | NAME |
| STREET ADDRESS                                       |                                    | STREET ADDRESS |      |
| CITY-ST-ZIP                                          |                                    | CITY-ST-ZIP    |      |
| TITLE                                                | NAME                               | TITLE          | NAME |
| STREET ADDRESS                                       |                                    | STREET ADDRESS |      |
| CITY-ST-ZIP                                          |                                    | CITY-ST-ZIP    |      |
| TITLE                                                | NAME                               | TITLE          | NAME |
| STREET ADDRESS                                       |                                    | STREET ADDRESS |      |
| CITY-ST-ZIP                                          |                                    | CITY-ST-ZIP    |      |

**DO NOT WRITE  
IN THIS SPACE**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                        |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------|----------------------------------------|
| 12. 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 10 or on an attachment with an address, with all other like empowered. | SIGNATURE:<br><i>Patrick R. McNair</i> | DATE<br><i>1/10/03</i> | DAYTIME PHONE #<br><i>407-659-5300</i> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                        |                                        |