2002 UNIFORM BUSINESS REPORT (UBR)

Sulte, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country 5. Certificate 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Street Address (P.O. Box Numb City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both statement is considered agent and title if applicable. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) The CEO NAME PARRICK GERALD	94-3355478 Not Applicable of Status Desired See Required Address of New Registered Agent
Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Street Address of Current Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Street Address (P.O. Box Numb City Toty Note: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Note: Registered Agent signature required when reinstating) 10. Eid Tri Make Check Payable to Department of State NAME PARRICK GFRAID	DO NOT WRITE IN THIS SPACE 94-3355478 Applied For Not Applicable of Status Desired S8.75 Additional Fee Required Address of New Registered Agent or is Not Acceptable)
City & State City & State City & State Country Country Country Country S. Certificate 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City R. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both submits composition is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) This CORPORATION SYSTEM Street Address (P.O. Box Numbers) City RNOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS TITLE CEO NAME PARRICK GFRAID	Applied For Not Applicable of Status Desired Seried Required Address of New Registered Agent Tris Not Acceptable)
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NAME PARRICK GERALD NAME TOOMS MUSE	CHANGES TO OFFICERS AND DIRECTORS IN 11
STREET ADDRESS 114 SANSOME STREET, SUITE 900 STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA 94104 STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA 94104	Change Change Change
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TITLE V Delete TITLE NAME SISTANIZADEH, KARMAN DR. STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA 94104 TITLE NAME SISTANIZADEH, KARMAN DR. STREET ADDRESS CITY-ST-ZIP SISTANIZADEH SISTANIZADE STREET ADDRESS CITY-ST-ZIP	

SIGNATURE:

SIGULOUS SIGNATURE BY AND OF SIGNING OFFICER OF DIRECTOR

4/30/02

415 901 2000

Daytime Phone #

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YIPES TRANSMISSION, INC.

Officers

Dennis Muse

Chief Executive Officer

Jerry Parrick

Chairman of the Board of Directors

Kurt Johnson

Vice President, Finance

Tim Mason

Vice President, Operations

Stan Moore

Vice President, Law & Public Policy

General Counsel

Secretary

Kamran Sistanizadeh Chief Technical Officer

Larry Bercovich **Assistant Secretary**

Directors

Jerry Parrick Robert Valdez Stan Moore