

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F00000001853

1. Entity Name

TUTTLE DECISION SYSTEMS INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91003 021 \*\*\*150.00

0602212

Principal Place of Business  
655 REDWOOD HIGHWAY, SUITE 200  
MILL VALLEY CA 94941

Mailing Address  
655 REDWOOD HIGHWAY, SUITE 200  
MILL VALLEY CA 94941



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business One Harbor Drive Suite, Apt. #, etc. Suite 300 City & State Sausalito, CA Zip 94965 Country U.S.A.		3. Mailing Address One Harbor Drive Suite, Apt. #, etc. Suite 300 City & State Sausalito, CA Zip 94965 Country U.S.A.		4. FEI Number 94-3309563	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					

6. Name and Address of Current Registered Agent CORPDIRECT AGENTS 103 NORTH MERIDIAN STREET, LOWER LEVEL TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	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 NAME STREET ADDRESS CITY-ST-ZIP	PCD TUTTLE, PAUL E 655 REDWOOD HIGHWAY, SUITE 200 MILL VALLEY CA 94941 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sparks, Lindsay One Harbor Drive, Suite 300 Sausalito, CA 94965 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEWBERRY, TIMOTHY F 655 REDWOOD HIGHWAY, SUITE 200 MILL VALLEY CA 94941 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D One Harbor Drive, Suite 300 Sausalito, CA 94965 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALEXANDER, ROBERT 655 REDWOOD HIGHWAY, SUITE 200 MILL VALLEY CA 94941 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Harbor Drive, Suite 300 Sausalito, CA 94965
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WONG, MARY T 655 REDWOOD HIGHWAY, SUITE 200 MILL VALLEY CA 94941 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Harbor Drive, Ste 300 Sausalito, CA 94965
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEITNER, MICHAEL 655 REDWOOD HIGHWAY, SUITE 200 MILL VALLEY CA 94941 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Rinn, David One Harbor Drive, Suite 300 Sausalito, CA 94965
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANFORD, DAVID 655 REDWOOD HIGHWAY, SUITE 200 MILL VALLEY CA 94941 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Harbor Drive, Suite 300 Sausalito, CA 94965

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: Robert Alexander  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR02/05/01 (415) 389-5136  
Date Daytime Phone #

CR2E034 (10/00)