FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 31, 2001 8:00 am Secretary of State F00000003246 DOCUMENT # 1. Entity Name 07-31-2001 90006 018 ***550.00 PRECEPT CORPORATION Principal Place of Business Mailing Address AUU80033 465 CALIFORNIA STREET. SUITE 350 465 CALIFORNIA STREET. SUITE 350 SAN FRANCISCO CA 94104 SAN FRANCISCO CA 94104 2. Principal Place of Business 3. Mailing Address 1 Kaiser DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 94-3359365 Not Applicable \$8.75 Additional 5. Certificate of Status Desired . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (5/01)TITLE DCEO ☐ Delete ☐ Addition SCAVONE, FRANK NAME NAME 175 Pinelown Rd #100 465 CALIFORNIA STREET, SUITE 350 STREET ADDRESS STREET ADDRESS melville, NY 11747 CITY-ST-ZIP CITY-ST-7IP SAN FRANCISCO CA 94104 ☐ Addition TITLE Delete ☐ Change TITLE NAME NAME WARD, STEWART STREET ADDRESS STREET ADDRESS 465 CALIFORNIA STREET, SUITE 350 CITY-ST-7IP CITY-ST-ZIP SAN FRANCISCO CA 94104 TITLE ~ Delete TITLE Addition NAME HEIL, JOSEPH B NAME 1 Kaiser Plaza, #785 STREET ADDRESS STREET ADDRESS 465 CALIFORNIA STREET, SUITE 350 CITY-ST-ZIP Oakland CA CITY-ST-7IP SAN FRANCISCO CA 94104 TITLE chairman 🔀 Change TITLE ☐ Delete ☐ Addition D KLEIN, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 2445 M STREET, N.W. CITY-ST-ZIP CITY-ST-ZIP WASHINGTON DC 20037-1420 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME VAN KONYNENBURG, D. MICHAEL NAME STREET ADDRESS 11159 SANTA MONICA BLVD, SUITE 1400 STREET ADDRESS CITY-ST-7IP LOS ANGELES CA 90025 CITY-ST-ZIP Vice Chairman, Director, Exec. Manages Direct Change Addition TITLE ☐ Delete TITLE Kathy Corton 175 Finelawn Rd #100 NAME NAME STREET ADDRESS STREET ADDRESS Melville, NY 11747 CITY-ST-7IP 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.

REJOSEPHeil, COO/Director 7/23/01