

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90296 011 ***150.00

DOCUMENT # F00000003873

1. Entity Name
HRONE, INC.

Principal Place of Business
**C/O BINGHAM DANA LLP/ATTN: ROBT. PORCELLI
150 FEDERAL STREET
BOSTON MA 02110**

Mailing Address
**C/O BINGHAM DANA LLP/ATTN: ROBT. PORCELLI
150 FEDERAL STREET
BOSTON MA 02110**

2. Principal Place of Business
866 N.E. 20 Ave.
Suite, Apt. #, etc.

3. Mailing Address
720 International Parkway
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
FT. Lauderdale, FL
Zip
33304 Country
USA

City & State
Sunrise, FL
Zip
33325 Country
USA

4. FEI Number
06-1568472

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (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)

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. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO PARKER, TODD 388 BEALE STREET, SUITE 100 SAN FRANCISCO CA 94105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DISCOUNT, ALAN C 388 BEALE STREET, SUITE 100 SAN FRANCISCO CA 94105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT VANGEL, JOHN 388 BEALE STREET, SUITE 100 SAN FRANCISCO CA 94105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS JROLF, MARK J 388 BEALE STREET, SUITE 100 SAN FRANCISCO CA 94105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS GILLIGAN, MICHAEL F 388 BEALE STREET, SUITE 100 SAN FRANCISCO CA 94105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REICHERT, MICHEL 388 BEALE STREET, SUITE 100 SAN FRANCISCO CA 94105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Todd Parker

3/29/01
Date

415-882-9800
Daytime Phone #

CR2E034 (10/00)