

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000004418**1. Entity Name
VIRAGE, INC.

Principal Place of Business

177 BOVET ROAD, SUITE 520

SAN MATEO
94402

CA

Mailing Address

177 BOVET ROAD, SUITE 520

SAN MATEO
94402

CA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-3171505

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREETTALLAHASSEE
323012525

US

FL

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)

04/26/2001

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

TITLE	D	<input type="checkbox"/> Delete
NAME	O STANDISH H	
STREET ADDRESS	ONE BUSH STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAIN RAMESH	
STREET ADDRESS	10455 PACIFIC CENTER COURT	
CITY-ST-ZIP	SAN DIEGO CA 92121	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALPERIN PHILIP W	
STREET ADDRESS	343 SANSOME STREET, SUITE 1210	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	
TITLE	T	<input type="checkbox"/> Delete
NAME	CASTINO ALFRED J	
STREET ADDRESS	177 BOVET ROAD, SUITE 520	
CITY-ST-ZIP	SAN MATEO CA 94402	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PAO FRANK H	
STREET ADDRESS	177 BOVET ROAD, SUITE 520	
CITY-ST-ZIP	SAN MATEO CA 94402	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEGO PAUL G	
STREET ADDRESS	177 BOVET ROAD, SUITE 520	
CITY-ST-ZIP	SAN MATEO CA 94402	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CODD RON	
STREET ADDRESS	4301 HACIENDA DRIVE, SUITE 410	
CITY-ST-ZIP	PLEASANTON CA 94588	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: /s/ Alfred J. Castino

T

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)