2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004
Secretary of State

DOCUMENT# F00000004566

Entity Name: AVISTAR COMMUNICATIONS CORPORATION

Current Principal Place of Business:

555 TWIN DOLPHIN DRIVE, SUITE 360
REDWOOD SHORES, CA 94065

New Principal Place of Business:

Current Mailing Address:

555 TWIN DOLPHIN DRIVE, SUITE 360
REDWOOD SHORES, CA 94065

New Mailing Address:

FEI Number: 88-0383089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: OEO ( ) Delete
Name: BURNETT, GERALD DR
Address: 207 ATHERTON AVE
City-St-Zip: ATHERTON, CA 94027

Title: CAO ( ) Delete
Name: CAMPBELL, WILLIAM L
Address: 300 BLUE SPRUCE ROAD
City-St-Zip: RENO, NV 89511

Title: D ( ) Delete
Name: LATTA, ROBERT P
Address: 650 PAGE MILL ROAD
City-St-Zip: PALO ALTO, CA 94304

Title: D ( ) Delete
Name: METCELFE, ROBERT
Address: 1000 WINTER STREET
City-St-Zip: WALTHAM, MA 02451

Title: D ( ) Delete
Name: SOLO, DAVID L
Address: 1000 WINTER STREET, STE 3350
City-St-Zip: WALTHAM, MA 02451

Title: D ( ) Delete
Name: HEINRICHS, R S
Address: 100 NEW PLACE ROAD
City-St-Zip: HILLSBOROUGH, CA 94010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM L. CAMPBELL D 06/07/2004

Electronic Signature of Signing Officer or Director — Date