

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004566

1. Entity Name

AVISTAR COMMUNICATIONS CORPORATION



Principal Place of Business
555 TWIN DOLPHIN DRIVE, SUITE 360
REDWOOD SHORES CA 94065

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

33034030



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 88-0383089

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
BURNETT, GERALD DR
207 ATHERTON AVE
ATHERTON CA 94027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chief Executive Officer ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CS
CAMPBELL, WILLIAM L
300 BLUE SPRUCE ROAD
RENO NV 89511 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chief Administrative Officer ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LATA, ROBERT P
650 PAGE MILL ROAD
PALO ALTO CA 94304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRODY, WILLIAM R DR
JHU-3400 N CHARLES ST, GARLAND HALL 242
BALTIMORE MD 21218 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director ☒ Change ☒ Addition
Robert Metcalfe
1000 Winter Street
Waltham, MA 02451

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SOLO, DAVID L
1000 WINTER STREET, STE 3350
WALTHAM MA 02451 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HEINRICHS, R S
100 NEW PLACE ROAD
HILLSBOROUGH CA 94010 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director ☒ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *William R. Brody*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-03

Date

650-610-2900

Daytime Phone #

0148534 AB

CR2E034 (4/03)