

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

08-31-2001 90110 020 \*\*\*550.00

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**DOCUMENT # F00000005066**

1. Entity Name  
**MOBILELOGIC, INC.**

Principal Place of Business Mailing Address  
**3025 SOUTH PARKER ROAD, SUITE 1000 3025 SOUTH PARKER ROAD, SUITE 1000**  
**AURORA CO 80014 AURORA CO 80014**

1100000023



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>84-1530242</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>NRAI SERVICES, INC.</b> <b>526 EAST PARK AVENUE</b> <b>TALLAHASSEE FL 32301</b>		Name: Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> <input checked="" type="checkbox"/> Delete NAME <b>BALALEY, ROBERT</b> STREET ADDRESS <b>3025 SOUTH PARKER ROAD, SUITE 1000</b> CITY-ST-ZIP <b>AURORA CO 80014</b>		TITLE <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>James Attucher</b> STREET ADDRESS <b>632 Broadway 10th FL</b> CITY-ST-ZIP <b>NY, NY 10012</b>	
TITLE <b>CEO</b> <input type="checkbox"/> Delete NAME <b>SPEARS, PAM</b> STREET ADDRESS <b>632 BROADWAY, 10TH FLOOR</b> CITY-ST-ZIP <b>NEW YORK NY 10012</b>		TITLE <b>Spears, Ron</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>S</b> <input type="checkbox"/> Delete NAME <b>SNEER, ANDREW</b> STREET ADDRESS <b>632 BROADWAY, 10TH FLOOR</b> CITY-ST-ZIP <b>NEW YORK NY 10012</b>		TITLE <b>Singer, Andrew</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>CFO</b> <input checked="" type="checkbox"/> Delete NAME <b>GUIRA, ALEX</b> STREET ADDRESS <b>632 BROADWAY, 10TH FLOOR</b> CITY-ST-ZIP <b>NEW YORK NY 10012</b>		TITLE <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Larry Brilliant</b> STREET ADDRESS <b>632 Broadway 10th FL</b> CITY-ST-ZIP <b>NY NY 10012</b>	
TITLE <b>CF</b> <input type="checkbox"/> Delete NAME <b>BENNETT, ED</b> STREET ADDRESS <b>632 BROADWAY, 10TH FLOOR</b> CITY-ST-ZIP <b>NEW YORK NY 10012</b>		TITLE <b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>KENNELLEY, MARK</b> STREET ADDRESS <b>632 BROADWAY, 10TH FLOOR</b> CITY-ST-ZIP <b>NEW YORK NY 10012</b>		TITLE <b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Donald Norman</b> STREET ADDRESS <b>632 Broadway 10th FL</b> CITY-ST-ZIP <b>NY NY 10012</b>	

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 persons empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)