

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State
 05-17-2002 90008 002 ***150.00

DOCUMENT # F00000005097

1. Entity Name

MOBILESYS, INC.

Principal Place of Business

**301-A EAST EVELYN AVENUE
 MOUNTAIN VIEW CA 94041**

Mailing Address

**301-A EAST EVELYN AVENUE
 MOUNTAIN VIEW CA 94041**

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

77-0505044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2002 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	PCD	<input type="checkbox"/> Delete
NAME	COELHO, DAVID	
STREET ADDRESS	301-A EAST EVELYN AVENUE	
CITY-ST-ZIP	MOUNTAIN VIEW CA 94041	
TITLE	V.	<input type="checkbox"/> Delete
NAME	UCHINO, PHILIP	
STREET ADDRESS	301-A EAST EVELYN AVENUE	
CITY-ST-ZIP	MOUNTAIN VIEW CA 94041	
TITLE	S	<input type="checkbox"/> Delete
NAME	MENDELSON, ALAN	
STREET ADDRESS	135 COMMONWEALTH DRIVE	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE	T	<input type="checkbox"/> Delete
NAME	BREAKFIELD, HEDY	
STREET ADDRESS	301-A EAST EVELYN AVENUE	
CITY-ST-ZIP	MOUNTAIN VIEW CA 94041	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABELMAN, RONALD	
STREET ADDRESS	242 ST. PAUL DRIVE	
CITY-ST-ZIP	ALAMAO CA 94507	
TITLE	D	<input type="checkbox"/> Delete
NAME	CERRUDO, SHIRLEY	
STREET ADDRESS	20111 STEVENS CREEK BLVD.	
CITY-ST-ZIP	CUPERTINO CA 95014	

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	
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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

650-623-3723

Daytime Phone #

CR2E034 (9/01)