

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90062 050 ***150.00

DOCUMENT # F00000005695

1. Entity Name
WEBRIDGE, INC.

Principal Place of Business Mailing Address
1925 N.W. AMBER GLEN PARKWAY, #400 **1925 N.W. AMBER GLEN PARKWAY, #400**
BEAVERTON OR 97006 **BEAVERTON OR 97006**

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 **93-1211734** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FIELLAND, GARY N	
STREET ADDRESS	1925 N.W. AMBER GLEN PARKWAY, #400	
CITY-ST-ZIP	BEAVERTON OR 97006	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANASTAS, MARK S	
STREET ADDRESS	1925 N.W. AMBER GLEN PARKWAY, #400	
CITY-ST-ZIP	BEAVERTON OR 97006	
TITLE	PCED	<input type="checkbox"/> Delete
NAME	BRINKER, DAVID L	
STREET ADDRESS	1925 N.W. AMBER GLEN PARKWAY, #400	
CITY-ST-ZIP	BEAVERTON OR 97006	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, JON F	
STREET ADDRESS	1925 N.W. AMBER GLEN PARKWAY, #400	
CITY-ST-ZIP	BEAVERTON OR 97006	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RAETZ, GARY M	
STREET ADDRESS	1925 N.W. AMBER GLEN PARKWAY, #400	
CITY-ST-ZIP	BEAVERTON OR 97006	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chief Financial Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Horvath	
STREET ADDRESS	1925 NW Amber Glen Pkwy #400	
CITY-ST-ZIP	Beaverton, OR 97006	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim A. Lash	
STREET ADDRESS	Two Soundview, Ste 302	
CITY-ST-ZIP	Greenwich, CT 06830	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David A. Shrigley	
STREET ADDRESS	13455 Noel Rd, Ste 1670	
CITY-ST-ZIP	Dallas, TX 75240	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. Scott Gibson	
STREET ADDRESS	1900 Twin Points Rd.	
CITY-ST-ZIP	Lake Oswego, OR 97034	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerard H. Langeter	
STREET ADDRESS	2400 Carillon Point	
CITY-ST-ZIP	Kirkland, WA 98033	
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)(f), 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:

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

503-601-4000

CR2E034 (9/01)