

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006704

1. Entity Name
TELEPHIA, INC.

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90124 026 ***150.00

Unit 16 A1

Principal Place of Business

200 VALLEJO
SAN FRANCISCO CA 94111

Mailing Address

200 VALLEJO
SAN FRANCISCO CA 94111

2. Principal Place of Business

101 GREEN ST.

3. Mailing Address

101 GREEN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAN FRANCISCO, CA

City & State

SAN FRANCISCO, CA

Zip

94111

Country

USA

Zip

94111

Country

USA

4. FEI Number

91-1911335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	CEO	<input type="checkbox"/> Delete
NAME	FRANGIONE, TOM	
STREET ADDRESS	200 VALLEJO	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	OYLER, JOHN	
STREET ADDRESS	200 VALLEJO	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	VCFO	<input checked="" type="checkbox"/> Delete
NAME	CARMEDELLE, BRUCE	
STREET ADDRESS	200 VALLEJO	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATLACK, TOM	
STREET ADDRESS	200 VALLEJO	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONLEY, RAY	
STREET ADDRESS	200 VALLEJO	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, SCOTT	
STREET ADDRESS	200 VALLEJO	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	EXECUTIVE V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANGIONE, TOM	
STREET ADDRESS	101 GREEN ST.	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	PRESIDENT + CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULLAGH, MICHAEL	
STREET ADDRESS	101 GREEN ST.	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	CFO, TREASURER, SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANE, ROBERT	
STREET ADDRESS	101 GREEN ST.	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATLACK, TOM	
STREET ADDRESS	NEWBURY ST.	
CITY-ST-ZIP	BOSTON, MA 02116	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLEY, RAY	
STREET ADDRESS	2460 SAND HILL RD	
CITY-ST-ZIP	MENLO PARK, CA 94025	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, SCOTT	
STREET ADDRESS	2415 CARILLON POINT	
CITY-ST-ZIP	KIRKLAND, WA 98033	

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:

SIGNATURE REQUIRED

MICHAEL MULLAGH

1/16/02 (415) 834-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT + CEO

Date

Daytime Phone #

CR2E034 (9/01)