

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006864

1. Entity Name

LEXAR MEDIA, INC

Principal Place of Business

47421 BAYSIDE PARKWAY  
FREMONT CA 94538

Mailing Address

47421 BAYSIDE PARKWAY  
FREMONT CA 94538

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATE ACCESS INC.  
263 EAST 6TH AVENUE  
TALLAHASSEE FL 32303

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, 2001 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 VCD ☐ Delete  
NAME ESTAKHRI, PETRO  
STREET ADDRESS 47421 BAYSIDE PARKWAY  
CITY-ST-ZIP FREMONT CA 94538

TITLE PD ☐ Delete  
NAME REIMER, JOHN H  
STREET ADDRESS 47421 BAYSIDE PARKWAY  
CITY-ST-ZIP FREMONT CA 94538

TITLE DC00 ☐ Delete  
NAME STANG, ERIC B  
STREET ADDRESS 47421 BAYSIDE PARKWAY  
CITY-ST-ZIP FREMONT CA 94538

TITLE VCFO ☐ Delete  
NAME BISSINGER, RONALD H  
STREET ADDRESS 47421 BAYSIDE PARKWAY  
CITY-ST-ZIP FREMONT CA 94538

TITLE S ☐ Delete  
NAME WHITAKER, ERIC S  
STREET ADDRESS 47421 BAYSIDE PARKWAY  
CITY-ST-ZIP FREMONT CA 94538

TITLE D ☐ Delete  
NAME DODDS, WILLIAM T  
STREET ADDRESS 47421 BAYSIDE PARKWAY  
CITY-ST-ZIP FREMONT CA 94538

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 16, 2001 8:00 am  
Secretary of State

03-16-2001 90050 032 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 33-0723123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

CR2E034 (10/00)