

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0658799 AT

DOCUMENT # F01000000531

1. Entity Name  
IANYWHERE SOLUTIONS, INC.



FILED

03 MAR 31 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5000 HACIENDA DRIVE  
DUBLIN CA 94568

Mailing Address  
5000 HACIENDA DRIVE  
DUBLIN CA 94568



2. Principal Place of Business  
one sybase drive  
Suite, Apt. #, etc.

3. Mailing Address  
one sybase drive  
Suite, Apt. #, etc.

City & State  
Dublin, CA

City & State  
Dublin, CA

Zip  
94568

Country  
USA

Zip  
94568

Country  
USA

01-22-03 20062 002 \$150.00  
4. FEI Number 94-3315642

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE VCFO ☐ Delete  
NAME VAN DER VORST, PIETER  
STREET ADDRESS 612 PASATIEMPO COURT  
CITY-ST-ZIP PLEASANT HILL CA 94523

TITLE PD ☐ Delete  
NAME STEPIEN, TERRY  
STREET ADDRESS 6 JESSICA LANE, GUELPH, ONTARIO  
CITY-ST-ZIP CANADA N1H6J1

TITLE VSD ☐ Delete  
NAME CARL, DAN R  
STREET ADDRESS 1081 COUNTRY CLUB  
CITY-ST-ZIP MORAGA CA 94556

TITLE VT ☐ Delete  
NAME IREY, SCOTT  
STREET ADDRESS 324 MERRILEE PLACE  
CITY-ST-ZIP DANVILLE CA 94526

TITLE AS ☐ Delete  
NAME CHUH, TERESA D  
STREET ADDRESS 1029 NEILSON STREET  
CITY-ST-ZIP ALBANY CA 94706

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. 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  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/03

925.236.5000

Date

Daytime Phone #

CR2E034 (10/02)