

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000001404

1. Entity Name
SEECOMMERCE, INC.

FILED

02 OCT -7 AM 8:56

Principal Place of Business
3420 HILLVIEW AVENUE, LOBBY 8
PALO ALTO CA 94304-1320

Mailing Address
3420 HILLVIEW AVENUE, LOBBY 8
PALO ALTO CA 94304-1320

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

77-0425436

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 PD
NAME ALBRIGHT, PAUL
STREET ADDRESS 3420 HILLVIEW AVENUE, LOBBY 8
CITY-ST-ZIP PALO ALTO CA 94304-1320

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800008314578-03
-10/10/02--01089--013
*****550.00 *****550.00

TITLE ST
NAME DORST, JAMES
STREET ADDRESS 3420 HILLVIEW AVENUE, LOBBY 8
CITY-ST-ZIP PALO ALTO CA 94304-1320

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME BINCH, BILL
STREET ADDRESS 120 MONTGOMERY STREET, SUITE 250
CITY-ST-ZIP SAN FRANCISCO CA 84104

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME HUMPHREY, ROBERT
STREET ADDRESS 915 CARRIAGE WAY
CITY-ST-ZIP SOUTHLAKE TX 76092

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SCHWAB, DAVID
STREET ADDRESS 3000 SAND HILL ROAD, BUILDING 4, SUITE 210
CITY-ST-ZIP MENLO PARK CA 94025

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SHAH, AJIT
STREET ADDRESS 3000 SAND HILL ROAD, BUILDING 4, SUITE 210
CITY-ST-ZIP MENLO PARK CA 94025

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

CR2E034 (4/02)

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/02

650-213-1862