

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90113 010 ***150.00

DOCUMENT # F01000001404

1. Entity Name
SEECOMMERCE, INC.



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**

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

**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 **PD** ☒ Delete
NAME **ALBRIGHT, PAUL**
STREET ADDRESS **3420 HILLVIEW AVENUE, LOBBY 8**
CITY-ST-ZIP **PALO ALTO CA 94304-1320**

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

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

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

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

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

NAME **AMOUNT** **150.00** DATE RECEIVED **2/13/03** ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

ACCOUNT NO. **9020** AS BY **Auditor**
TITLE **Florida State Tax** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

ORDER NO. **600** ENTERED BY **ADan**
DATE INPUT **2/14/03** ☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

2/10/03 **650-217-1862**
Date Daytime Phone #

CR2E034 (10/02)