

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90073 011 ***150.00

DOCUMENT # F01000002473

1. Entity Name

SEQUOIA VOTING SYSTEMS, INC.



Principal Place of Business

8182 MARYLAND AVE

ATTN: TAX DEPT

SAINT LOUIS MO 63105

Mailing Address

8182 MARYLAND AVE

ATTN: TAX DEPT

SAINT LOUIS MO 63105

2. Principal Place of Business

7677 OAKPORT ST

Suite, Apt. #, etc.

SUITE 800

City & State

OAKLAND, CA

Zip

94621

Country

USA

3. Mailing Address

100 POWERS COURT

Suite, Apt. #, etc.

City & State

DULLES, VA

Zip

20166

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

37-1274619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324

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 PCEO ☒ Delete
NAME COSGROVE, PETER
STREET ADDRESS 7677 OAKPORT ST
CITY-ST-ZIP OAKLAND CA 94621

TITLE VPT ☒ Delete
NAME HINRICHS, CHARLES A
STREET ADDRESS 8182 MARYLAND AVE
CITY-ST-ZIP SAINT LOUIS MO 63195

TITLE VPS ☒ Delete
NAME HUNT, CRAIG A
STREET ADDRESS 150 N. MICHIGAN AVE
CITY-ST-ZIP CHICAGO IL 60601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT/DIRECTOR ☐ Change ☒ Addition
NAME TRACEY GRAHAM
STREET ADDRESS 7677 OAKPORT ST, #800
CITY-ST-ZIP OAKLAND, CA 94621

TITLE SECRETARY/DIRECTOR ☐ Change ☒ Addition
NAME PETER MCMANEMY
STREET ADDRESS 7677 OAKPORT ST, #800
CITY-ST-ZIP OAKLAND, CA 94621

TITLE DIRECTOR ☐ Change ☒ Addition
NAME TROY ELDREDGE
STREET ADDRESS 100 POWERS COURT
CITY-ST-ZIP DULLES, VA 20166

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

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: TROY ELDREDGE/DIRECTOR 3/10/03 703.450.1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)