

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90899 013 \*\*\*150.00

0616560 AT

**DOCUMENT # F01000002904**

1. Entity Name

**ACTELIS NETWORKS, INC.**

Principal Place of Business

Mailing Address

**6150 STEVENSON BLVD.  
FREMONT CA 94538**

**6150 STEVENSON BLVD.  
FREMONT CA 94538**

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

**52-2160309**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PCD**  
STREET ADDRESS **BARON, YUVAL**  
CITY-ST-ZIP **6150 STEVENSON BLVD.  
FREMONT CA 94538**

TITLE ☒ Change ☐ Addition  
NAME **CEO**  
STREET ADDRESS **Baron, Yuval**  
CITY-ST-ZIP **6150 Stevenson Blvd.  
Fremont, CA 94538**

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **BARLEV, TUVIA**  
CITY-ST-ZIP **16 BAZAL ST., PB 10173  
PETACH,TIKVA 949103, ISRAEL**

TITLE ☒ Change ☐ Addition  
NAME **Present & CTO**  
STREET ADDRESS **Barlev, Tuvia**  
CITY-ST-ZIP **6150 Stevenson Blvd.  
Fremont, CA 94538**

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **SCHNEIDERMAN, ARTHUR F**  
CITY-ST-ZIP **650 PAGE MILL ROAD  
PALO ALTO CA 94304-1050**

TITLE ☐ Change ☒ Addition  
NAME **VP of Sales**  
STREET ADDRESS **Ragan, Payl**  
CITY-ST-ZIP **4461 Ford Avenue, # 304  
Alexandria, VA 22302**

TITLE ☒ Delete  
NAME **T.**  
STREET ADDRESS **KLEINMAN, RICHARD**  
CITY-ST-ZIP **6150 STEVENSON BLVD.  
FREMONT CA 94538**

TITLE ☐ Change ☒ Addition  
NAME **VP of Operations**  
STREET ADDRESS **Joachim Hsu**  
CITY-ST-ZIP **6150 Stevenson Blvd.  
Fremont, CA 94538**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **ELAHIAN, KAMRAN**  
CITY-ST-ZIP **361 LYTON COURT  
PALO ALTO CA 94301**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **TAN, LIP-BU**  
CITY-ST-ZIP **750 BATTERY STREET, SUITE 700  
SAN FRANCISCO CA 94111**

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 REQUIRED**

**Yuval Baron, CEO 3/1/02**

**510-545-1045**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)