## 2002 UNIFORM BUSINESS REPORT (UBR) FILED Sep 17, 2002 8:00 am F01000003381 DOCUMENT # Secretary of State 1. Entity Name **EPYLON CORPORATION** 09-17-2002 90094 012 \*\*\*558.75 Mailing Address Principal Place of Business 645 HARRISON STREET. SUITE 200 645 HARRISON STREET. SUITE 200 SAN FRANCISCO CA 94107 SAN FRANCISCO CA 94107 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 06-1619511 City & State Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Country Zìo Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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. DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September, 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete TITLE Wilkins, David NAME WILKINS, DAVID E NAME 645 Harrison St., Ste 200 STREET ADDRESS 645 HARRISON STREET, SUITE 200 STREET ADDRESS CITY-ST-ZIP San Francisco CA 94107 SAN FRANCISCO CA 94107 CATY-ST-ZIP ☐ Change Addition Delete TITLE THILE NAME KARBACH, DENNIS B NAME STREET ADDRESS 645 HARRISON STREET, SUITE 200 STREET ADDRESS CITY-ST-79 SAN FRANCISCO CA 94107 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE Jeras Kevin NAME 645 Harrism St., Ste 200 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP San Francisco, (A 94107 CITY-ST-ZIP **▼** Addition <u> 775</u> TITLE ☐ Delete TITLE Jury, Cliff 645 Harrison St., Ste 200 NAME NAME STREET ADDRESS STREET ADDRESS San Francisco, CA 94107 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Cater, Berr NAME 645 Harrism St., Ste 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR