

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000003858

1. Entity Name

DELAWARE NETWORK ASSOCIATES INC.



FILED

03 AUG -7 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

3965 FREEDOM CIRCLE
SANTA CLARA CA 95054

Mailing Address

3965 FREEDOM CIRCLE
SANTA CLARA CA 95054

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 77-0316593

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. 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 \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD
NAME SAMENUK, GEORGE
STREET ADDRESS 3965 FREEDOM CIRCLE
CITY-ST-ZIP SANTA CLARA CA 95054 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200022291832
08/13/03--01055--023 **550.00 ☐ Change ☐ Addition

TITLE P
NAME HODGES, GENE
STREET ADDRESS 3965 FREEDOM CIRCLE
CITY-ST-ZIP SANTA CLARA CA 95054 ☐ Delete

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

TITLE S
NAME ROBERTS, KENT
STREET ADDRESS 3965 FREEDOM CIRCLE
CITY-ST-ZIP SANTA CLARA CA 95054 ☐ Delete

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

TITLE D
NAME DUTKOWSKY, ROBERT
STREET ADDRESS 3965 FREEDOM CIRCLE
CITY-ST-ZIP SANTA CLARA CA 95054 ☐ Delete

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

TITLE D
NAME DENEND, LES
STREET ADDRESS 3965 FREEDOM CIRCLE
CITY-ST-ZIP SANTA CLARA CA 95054 ☐ Delete

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

TITLE D
NAME PANGIA, ROBERT
STREET ADDRESS 3965 FREEDOM CIRCLE
CITY-ST-ZIP SANTA CLARA CA 95054 ☐ Delete

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

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:

KENT H. ROBERTS, SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

972
987-2547

0148440 AB

CR2E034 (4/03)