## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F01000006277

Entity Name: S.COM, INC.

City-St-Zip:

PALO ALTO, CA

FILED Jul 16, 2002 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** ONE POST STREET, STE 2275 ONE POST STREET, STE 2775 SAN FRANCISCO, CA 94104 SAN FRANCISCO, CA 94104 **Current Mailing Address: New Mailing Address:** 801 BRICKELL AVE., STE 1560 MIAMI, FL 33131 FEI Number: 36-4113315 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAGAN, JENNIFER J 801 BRICKELL AVE., #1560 MIAMI, FL 33131 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition LAWRENCE, RICHARD Name: Name: ONE POST STREET, STE 2775 Address: Address: SAN FRANCISCO, CA City-St-Zip: City-St-Zip: ( ) Delete Title: CD Title: () Change () Addition Name: DIXEY, ANDREW Name: ONE POST STREET, STE 2775 Address: Address: SAN FRANCISCO, CA City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition CANDELAND, NEIL Name: Name: ONE POST STREET, STE 2775 Address: Address: City-St-Zip: SAN FRANCISCO, CA City-St-Zip: Title: (X) Delete Title: () Change () Addition WORRAL, KEVIN Name: Name: Address: ONE POST STREET, STE 2775 Address: City-St-Zip: SAN FRANCISCO, CA City-St-Zip: Title: ( ) Delete Title: () Change () Addition HAGAN, JENNIFER J Name: Name: 350 CAMBRIDGE AVE., STE 150 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: RICHARD LAWRENCE PDT 07/16/2002