

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUL 27 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07122004 Chg-P CR2E034 (10/03) 04

4. FEI Number 94-2875288 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 RD
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
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S ☐ Delete
NAME WITTE, DEREK
STREET ADDRESS 3003 TASMAN DRIVE
CITY-ST-ZIP SANTA CLARA, CA 95054

TITLE CFO ☒ Delete
NAME VERISSIMO, MARC
STREET ADDRESS 3003 TASMAN DRIVE
CITY-ST-ZIP SANTA CLARA, CA 95054

TITLE CEO ☐ Delete
NAME WILCOX, KENNETH
STREET ADDRESS 3003 TASMAN DRIVE
CITY-ST-ZIP SANTA CLARA, CA 95054

TITLE D ☐ Delete
NAME KELLOGG, HARRY
STREET ADDRESS 481 LYTON AVE
CITY-ST-ZIP PALO ALTO, CA 94301

TITLE D ☐ Delete
NAME PLART, PETE
STREET ADDRESS P O BOX 3398
CITY-ST-ZIP RANCHO SANTE FE, CA 92067

TITLE D ☐ Delete
NAME BURNS, JAMES F
STREET ADDRESS 5715 EAKES COURT
CITY-ST-ZIP ALBUQUITIQUE, NM 87107

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE CFO ☒ Change ☐ Addition
NAME Jack-Jenkins Stark
STREET ADDRESS 3003 Tasman Drive
CITY-ST-ZIP Santa Clara, CA 95054

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 181 LYTON AVE.
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME HART, PETE
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/04 408.654.7446