

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90196 009 ***150.00

DOCUMENT # F02000005385

1. Entity Name
WHITE ROCK NETWORKS, INC.



Principal Place of Business
1301 W. GEORGE BUSH FREEWAY, STE. 350
RICHARDSON TX 75080

Mailing Address
1301 W. GEORGE BUSH FREEWAY, STE. 350
RICHARDSON TX 75080

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 **75-2848741**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BROOKS, TODD**
STREET ADDRESS **2800 SAND HILL RD. #250**
CITY-ST-ZIP **MENLO PARK CA 94025**

TITLE ☐ Change ☒ Addition
NAME **Nelson Stacks**
STREET ADDRESS **880 Winter Street Ste 330**
CITY-ST-ZIP **Waltham, MA 02451**

TITLE **D** ☐ Delete
NAME **CARANO, BANDEL**
STREET ADDRESS **525 UNIVERSITY AVE., STE. 1300**
CITY-ST-ZIP **PALO ALTO CA 94301**

TITLE ☐ Change ☒ Addition
NAME **Rob Pullen**
STREET ADDRESS **1415 W. Diehl Road**
CITY-ST-ZIP **Waperville, IL 60563**

TITLE **D** ☐ Delete
NAME **LIEBHABER, RICHARD**
STREET ADDRESS **1100 CHAIN BRIDGE RD.**
CITY-ST-ZIP **MCLEAN VA 22101**

TITLE ☐ Change ☒ Addition
NAME **Greg Taylor**
STREET ADDRESS **12 East 49th St., 27th Floor**
CITY-ST-ZIP **New York NY 10017**

TITLE **D** ☐ Delete
NAME **SLEDGE, DON**
STREET ADDRESS **190 FREMONT ST.**
CITY-ST-ZIP **SAN FRANCISCO CA 94105**

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

TITLE ☐ Delete
NAME **PCEO**
STREET ADDRESS **MARTIN, WILLIAM L III**
CITY-ST-ZIP **1301 W. GEORGE BUSH FREEWAY, STE. 350**
RICHARDSON TX 75080

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

TITLE ☐ Delete
NAME **CTO**
STREET ADDRESS **LOWE, GREG**
CITY-ST-ZIP **1301 W. GEORGE BUSH FREEWAY, STE. 350**
RICHARDSON TX 75080

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

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:

William L. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2003 *912-543-6900*
Date Daytime Phone #

CR2E034 (10/02)