## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT, (UBR)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # F02000006067  1. Entity Name  MARIANA + IDD (U.S.), INC.					FILED May 01, 2003 8:00 am Secretary of State 05-01-2003 90808 016 ***158.75		
Principal Place of Business  5600 COTTLE ROAD  SAN JOSE CA 95193  Mailing Address  5600 COTTLE ROAD  SAN JOSE CA 95193					10022424	<b>Ba</b> nn <b>18</b> 00 <b>a</b> nn 1808	B)) } } <b>48</b> ] ] <b>18</b> ]
2. Principal I	Place of Business	3. Mailing Address  5600 COTTLE ROAD					
Suite, Apt. #, etc.		Suite, Apt. #, etc.  ATTN: TAX DEPT			CHECK HERE IF MAKING CHANGES		
City & State		City & State SAN JOSE CA			4. FEI Number 48-1280899	<b>├</b> ─	oplied For ot Applicable
Zip	Country	Zip 96193	Country		5. Certificate of Status Desired	¢0.75	ditional
	6. Name and Address of Current Re				7. Name and Address of New Registe	<del></del>	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name Street Address (P.O. Box Number is Not Acceptable)			
	e named entity submits this statement for the tions of registered agent.	ne purpose of changing it	City s registered office of	r registered		FL Zip Code I am familiar with,	
F Afte	Signature, typed or printed name of registered agent and FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of S	state	TE: Registered Agent signa	ture required wh	9. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS	☐ Added	O May Be I to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OBETZ, RICHARD NEW ORCHARD ROAD ARMONK NY 10504	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5600	Narufe Cottle Road Tofe Ca 96193	<b>⊠</b> Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEAUMONT, SIMON NEW ORCHARD ROAD ARMONK NY 10504	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5600 0	ns grove Cottle Road One Ca 96198	Change     Ch	Addition
TITLE Name Street Address City-St-Zip	S BONZANI, ANDREW NEW ORCHARD ROAD ARMONK NY 10504	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6600 C	NDRA H. LEE OTTLE POAD OSE CA 96193	<b>⊠</b> Change —	Addition -
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAGGIN, BRUCE NEW ORCHARD ROAD ARMONK NY 10504	☐ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP	5600 C	H YAG I COTTLE POAD WE CA 96193	<b>⊠</b> Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
of the cor	pertify that the information supplied with this on this report or supplemental report is truporation or the receiver or trustee empower or on an attachment with an address, with	ie and accurate and that r ered to execute this report	my signature shall h as required by Cha	ave the sar	ne legal effect as if made under oath; th	at I am an officer o	or director 1

SIGNATURE:

(408) 266-1600