408-232-4100

2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # F93000005241 Apr 24, 2000 8:00 am Secretary of State RASTER GRAPHICS, INC. 04-24-2000 90120 007 ***150.00 Principal Place of Business Mailing Address 3025 ORCHARD PKWY 3025 ORCHARD PKWY SAN JOSE CA 95134-2017 SAN JOSE CA 95134-2017 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 94-3046090 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SC CORP C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition TITLE Change TITLE Delete WILLIAM SCHWARZ NAME NAME LUCIO, LANZA 3025 ORCHARD PKWY STREET ADDRESS 2180 SSND HILL RD #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CA 95134 MENLO PARK CA SAJ 3055 TITLE ☐ Change TITLE Delete PETER FITZGERALD ALTHARD STRASSE NAME NAME CASE, CHARLIE STREET ADDRESS STREET ADDRESS 540 HIGHLAND ST CH-8105 REALUSTONEF CITY-ST-ZIP CITY-ST-ZIP SWITZEZLAN D N MARSHFIELD MA 02059 PCEO____ _____ Change __ _ Addition _ TITLE-TITLE Delete_ KUMAR, RAK NAME NAMÉ STREET ADDRESS STREET ADDRESS 535 EL ARROYO CITY-ST-ZIP CITY-ST-ZIP HILLSBOROUGH CA Change Addition TITLE TITLE Delete EDUARD BRUNNER NAME YOCAM, DELBERT W NAME MLTHARDSTRASSE STREET ADDRESS STREET ADDRESS 3025 ORCHARD PARKWAY REGENSDORF CITY-ST-7/P CH-8105 SWITZERLAND CITY-ST-ZIP SAN JOSE CA 95134 Change ☐ Addition TITLE ☐ Delete TITLE Recke 2 NAME WILLARD, MARC NAME ALTHARD STRASSE STREET ADDRESS STREET ADDRESS 3025 ORCHARD PKW CITY-ST-ZIP SWITZERLAWY CITY-ST-ZIP SAN JOSE CA 95134 erensourf TITLE ☐ Addition TITLE Delete HALL, MICHAEL W NAME STREET ADDRESS 135 COMMONWEALTH DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MENLO PARK CA 94025** I hereby certify that the information supplied with this filing does not adally to indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trustee empowered to execute this changed, or on an attachment with an address, with all other like empowered. the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information by signature shall have the same legal effect as if made under oath; that I am an officer or director us required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if