

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 6:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001328 (3)

1. Corporation Name

XPOINT TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

902 CLINT MOORE RD.
SUITE 132
BOCA RATON FL 33487

902 CLINT MOORE RD.
SUITE 132
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/16/1994

3a. Date of Last Report

NOT APPLICABLE

4. FEI Number

65-0469712

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WANG, CINDY C
902 CLINT MOORE RD.
SUITE 132
BOCA RATON FL 33487

*no change
cu*

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

WANG, FRANK

STREET ADDRESS

902 CLINT MOORE RD.

CITY - ST - ZIP

BOCA RATON FL 33487

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

D

Miller, Darrell

195 Loma Alta

Los Gatos, CA 95032

☐ Change

☒ Addition

TITLE

S

NAME

O'DONNELL, MICHAEL J

STREET ADDRESS

TWO PALO ALTO SQUARE

CITY - ST - ZIP

PALO ALTO CA 94306

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

D

Saxby, David

1275 Woodmont Drive

Saratoga, CA 95070

☐ Change

☒ Addition

TITLE

AS

NAME

WANG, CINDY C

STREET ADDRESS

902 CLINT MOORE RD.

CITY - ST - ZIP

BOCA RATON FL 33487

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

D

NAME

PETRACCA, STEVE

STREET ADDRESS

4435 FORTTRAN DR.

CITY - ST - ZIP

SAN JOSE CA 95134

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Cindy Wang, Cindy Wang, Assistant Secretary

Apr. 12/1995

407-241-8447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #