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FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90117 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001328

1. Corporation Name
XPOINT TECHNOLOGIES, INC.

Principal Place of Business 901 YAMATO RD SUITE 105 BOCA RATON FL 33431 US	Mailing Address 901 YAMATO RD SUITE 105 BOCA RATON FL 33431 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1994

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**WANG, CINDY C
901 YAMATO RD
SUITE 105
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WANG, FRANK	
STREET ADDRESS	901 YAMATO RD, SUITE 105	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	O'DONNELL, MICHAEL J	
STREET ADDRESS	650 PAGE MILL RD	
CITY-ST-ZIP	PALO ALTO CA	

TITLE	AS	<input type="checkbox"/> DELETE
NAME	WANG, CINDY C	
STREET ADDRESS	901 YAMATO RD, SUITE 105	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AMDAHL, CARLTON	
STREET ADDRESS	48468 AVALON HEIGHTS TERR	
CITY-ST-ZIP	FREMONT CA	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, DARRELL	
STREET ADDRESS	195 LOMA ALTA	
CITY-ST-ZIP	LOS GATOS CA	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SAXBY, DAVID	
STREET ADDRESS	14946 GRANITE CT	
CITY-ST-ZIP	SARATOGA CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Poch, Jerry	
1.3 STREET ADDRESS	c/o Reguot Capital Management	
1.4 CITY-ST-ZIP	500 Nyala Farm Road	
2.1 TITLE	Westport, CT 06880	<input type="checkbox"/> Change <input type="checkbox"/> Addition

2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **RECEIVED**

4-9-99 (561) 241-8447

CR2E034 (11/98)