FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:59

DOCUMENT # **F94000005190 (3)**

1. Corporation Name
MULTIPOINT NETWORKS, INC.

Principal Place of Business	Mailing Address
19 DAVIS DR. BELMONT CA 94002	19 DAVIS DR. BELMONT CA 94002

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1994
3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 94-3077655 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MAGUIRE, JOHN F
1560 SW 120TH TERR.
DAVIE FL 33325

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 _____ DATE
Signature, title or capacity of registered agent and the date applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	Δ ☐ Change ☒ Addition
NAME	DOUGERY, JOHN	12 NAME	JOHN HAWKINS
STREET ADDRESS	155 BOVET ROAD, SUITE 350	13 STREET ADDRESS	1 EMBARCADERO CTR. STE 4050
CITY-ST-ZIP	SAN MATEO CA 94402	14 CITY-ST-ZIP	SAN FRANCISCO, CA 94111-3729
TITLE	D	21 TITLE	Δ ☐ Change ☒ Addition
NAME	HONE, MICHAEL	22 NAME	ANDY FILLAT
STREET ADDRESS	170 MIDDLEFIELD ROAD, SUITE 150	23 STREET ADDRESS	2180 SAND HILL RD. STE 420
CITY-ST-ZIP	MENLO PARK CA 94025	24 CITY-ST-ZIP	MENLO PARK, CA 94025
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SCHOBER, PETER	32 NAME	
STREET ADDRESS	45 MILK ST.	33 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02109-5105	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, CHUCK	42 NAME	
STREET ADDRESS	900 METRO CENTER BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	FOSTER CITY CA 94404	44 CITY-ST-ZIP	
TITLE	PS	51 TITLE	☒ Change ☐ Addition
NAME	PATTERSON, GLENN	52 NAME	
STREET ADDRESS	19 DAVIS DR.	53 STREET ADDRESS	
CITY-ST-ZIP	BELMONT CA 94002-3001	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	SPRINGSTEEL, STEVE	62 NAME	
STREET ADDRESS	19 DAVIS DR.	63 STREET ADDRESS	
CITY-ST-ZIP	BELMONT CA 94002-3001	64 CITY-ST-ZIP	

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 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.

SIGNATURE: _____ Steven R. Springsteel 1/14/15 (415) 593-3300
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone

0401040 FN