2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 23, 2001 8:00 am Secretary of State DOCUMENT # F9400005752 AQUA TERRA CONSULTANTS, INC. 01-23-2001 90006 005 ***158.75 Principal Place of Business Mailing Address 2685 MARINE WAY 2685 MARINE WAY STF. 1314 STE. 1314 0 V I V 4 D MOUNTAIN VIEW CA 94043 MOUNTAIN VIEW CA 94043 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 94-2972392 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired \mathbf{X} Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 Zip Code City FL 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. X Addition ☐ Change ☐ Delete TITLE VP TITLE DONIGIAN, ANTHONY S KITTLE, JOHN L NAME NAME 2685 MARINE WAY, STE. 1214 STREET ADDRESS 150 E PONCE DE LEON AVE., STE 355 STREET ADDRESS DECATUR GA 30030 **MOUNTAIN VIEW CA 94043** CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE DONIGIAN, NANCY A NAME BEYERLEIN, DOUGLAS C NAME 1509 HEWITT AVE., STE 121 EVERETT WA 98201-2685 MARINE WAY, STE. 1314 STREET ADDRESS STREET ADDRESS MOUNTAIN: VIEW: CA: 94043 -----CITY ST-ZIP_ City=St=ZiP-= ☐ Addition Delete TITLE TITLE BICKNELL, BRIAN NAME NAME 2685 MARINE WAY, STE. 1314 STREET ADDRESS STREET ADDRESS **MOUNTAIN VIEW CA 94043** CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE IMHOFF, JOHN NAME NAME 735 MAIN ST STREET ADDRESS STREET ADDRESS **OURAY CO 81427** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete SHANDONAY, MARY NAME NAME 2685 MAINE WAY, STE. 1314 STREET ADDRESS STREET ADDRESS MOUNTAIN VIEW CA 94043 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

VP OF ADMINISTRATION 1/10/01 (650)962-1864 SIGNATURE AND TOPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE 2 Date Daytime Phone #

MARY SHANDONAY

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address of all other like empowered.

MARY SHANDONAY