

DOCUMENT # F950000001067

WAVEPHORE NETWORKS, INC.

375 CHIPETA WAY
SUITE B
SALT LAKE CITY UT 84108
US

375 CHIPETA WAY
SUITE B
SALT LAKE CITY UT 84108-1262
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name _____

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

City

FL

Zip Code

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)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, MILLER R	
STREET ADDRESS	266 N. PHEASANTRIDGE	
CITY-ST-ZIP	BOUNTIFUL UT 84010	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMSON, GLENN R	
STREET ADDRESS	3311 N 44TH ST.	
CITY - ST - ZIP	PHOENIX AZ 85018	

TITLE	S	<input type="checkbox"/> Delete
NAME	REICH, DOUGLAS	
STREET ADDRESS	3311 N 44TH ST.	
CITY - ST - ZIP	PHOENIX AZ 85018	

TITLE	DCP	<input type="checkbox"/> Delete
NAME	DEEDS, DAVID E.	
STREET ADDRESS	3311 NORTH 44TH STREET	
CITY - ST - ZIP	PHOENIX AZ 85018	

TITLE	TD	<input type="checkbox"/> Delete
NAME	SWENSON, KENNETH D.	
STREET ADDRESS	3311 NORTH 44TH STREET	
CITY - ST - ZIP	PHOENIX AZ 85018	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	White, Peter M.		
STREET ADDRESS	3131 E. Camelback Rd., Ste. 320		
CITY-ST-ZIP	Phoenix, AZ 85016		

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

TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Reich, Douglas J.		
STREET ADDRESS	3131 E. Camelback Rd., Ste. 320		
CITY-ST-ZIP	Phoenix, AZ 85016		

TITLE	DC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Deeds, David E.		
STREET ADDRESS	3131 E. Camelback Rd., Ste. 320		
CITY-ST-ZIP	Phoenix, AZ 85016		

TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Swenson, Kenneth D.		
STREET ADDRESS	3131 E. Camelback Rd., Ste. 320		
CITY-ST-ZIP	Phoenix, AZ 85016		

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

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, with all other lines empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas J. Reich Feb. 24, 2000 602-952-5500

Date _____

Daytime Phone #

CR2E034 (9/99)