

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90197 050 ***150.00

DOCUMENT # F95000002530

1. Corporation Name
BRIGHTWARE, INC.

Principal Place of Business
350 IGNACIO BLVD.
STE. 100
NOVATO CA 94949

Mailing Address
350 IGNACIO BLVD.
STE. 100
NOVATO CA 94949

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1995

4. FEI Number
68-0355770

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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 PCD
NAME WILLIAMS, JAMES C
STREET ADDRESS 350 IGNACIO BLVD. STE. 100
CITY-ST-ZIP NOVATO CA 94949 ☐ DELETE

TITLE D
NAME COSTINE, DAVID
STREET ADDRESS 171 E. STATE STREET, STE 261
CITY-ST-ZIP ITHACA NY ☒ DELETE

TITLE D
NAME SUN, ANTHONY
STREET ADDRESS 755 PAGE MILL ROAD, STE A230
CITY-ST-ZIP PALO ALTO CA ☐ DELETE

TITLE V
NAME BARFUS, RICHARD
STREET ADDRESS 350 IGNACIO BLVD. STE 100
CITY-ST-ZIP NOVATO CA 94949 ☐ DELETE

TITLE D
NAME HALL, KEVIN
STREET ADDRESS 3000 SAND HILL RD. BLDG. 3 STE 105
CITY-ST-ZIP MENLO PARK CA 94025 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director
1.2 NAME Mitchell Nollin
1.3 STREET ADDRESS PO Box 844
1.4 CITY-ST-ZIP Spring House, PA 19477-0844 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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
Richard Barfus 4/28/99 415-884-4744

Date

Daytime Phone #

CR2E034 (11/98)

0560738