

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002530

1. Entity Name

BRIGHTWARE, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90005 004 ***150.00

Principal Place of Business

Mailing Address

350 IGNACIO BLVD.
STE. 100
NOVATO CA 94949

350 IGNACIO BLVD.
STE. 100
NOVATO CA 94949-6013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

68-0355770

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE President ☒ Change ☐ Addition
NAME Chris Erickson
STREET ADDRESS 350 Ignacio Blvd
CITY-ST-ZIP Novato, Ca 94949

TITLE D ☐ Delete
NAME HOLLIN, MITCHELL
STREET ADDRESS P.O. BOX 844
CITY-ST-ZIP SPRING HOUSE PA 19477

TITLE Director ☐ Change ☒ Addition
NAME Charles Lau
STREET ADDRESS 3945 Freedom Circle, Suite 270
CITY-ST-ZIP Santa Clara, Ca 95054

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

TITLE Chairman of the Board ☐ Change ☒ Addition
NAME Chuck Williams
STREET ADDRESS 350 Ignacio Blvd
CITY-ST-ZIP Novato, Ca 94949

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 415-884-4744

CR2E034 (9/99)