

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90174 010 ***150.00

DOCUMENT # F95000002530

1. Entity Name
BRIGHTWARE, INC.

Principal Place of Business

Mailing Address

**350 IGNACIO BLVD.
 STE. 100
 NOVATO CA 94949**

**350 IGNACIO BLVD.
 STE. 100
 NOVATO CA 94949**

2. Principal Place of Business

1401 Los Gamos Dr.

3. Mailing Address

1401 Los Gamos Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

San Rafael, Ca

City & State

San Rafael, Ca

4. FEI Number **68-0355770**

Applied For
 Not Applicable

Zip

Country

94903

US

Zip

Country

94903

US

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, 2001 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 | P | <input type="checkbox"/> Delete |
| NAME | ERICKSON, CHRIS | |
| STREET ADDRESS | 350 IGNACIO BLVD | |
| CITY-ST-ZIP | NOVATO CA 94949 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HOLLIN, MITCHELL | |
| STREET ADDRESS | P.O. BOX 844 | |
| CITY-ST-ZIP | SPRING HOUSE PA 19477 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SUN, ANTHONY | |
| STREET ADDRESS | 755 PAGE MILL ROAD, STE A230 | |
| CITY-ST-ZIP | PALO ALTO CA | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LAU, CHARLES | |
| STREET ADDRESS | 3945 FREEDOM CIRCLE STE 270 | |
| CITY-ST-ZIP | SANTA CLARA CA 95054 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HALL, KEVIN | |
| STREET ADDRESS | 3000 SAND HILL RD. BLDG. 3 STE 105 | |
| CITY-ST-ZIP | MENLO PARK CA 94025 | |
| TITLE | COB | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, CHUCK | |
| STREET ADDRESS | 350 IGNACIO BLVD | |
| CITY-ST-ZIP | NOVATO CA 94949 | |

| | | |
|----------------|-----------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | <i>1401 Los Gamos Dr.</i> | |
| CITY-ST-ZIP | <i>San Rafael, Ca 94903</i> | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | <i>Gary Neems</i> | |
| STREET ADDRESS | <i>712 R. R. 4th Avenue</i> | |
| CITY-ST-ZIP | <i>New York, N.Y 10019</i> | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] *4/26/01* *415-884-4714*

CR2E034 (10/00)