

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000004350 (3)

1. Corporation Name

AVIRNEX COMMUNICATIONS GROUP, INC.



Principal Place of Business

101 LARKSPUR LANDING CIRCLE, STE 215  
LARKSPUR CA 94939

Mailing Address

101 LARKSPUR LANDING CIRCLE, STE 215  
LARKSPUR CA 94939

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E PARK AVE  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

09/06/1995

3a. Date of Last Report

4. FEI Number

68-0335484

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 date, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☒ DELETE

NAME

FADDEN, V. JAMES

STREET ADDRESS

3745 260TH AVENUE SE

CITY- ST- ZIP

ISSAQUAH WA 98027

TITLE

ST

☐ DELETE

NAME

HOOPER, MARLYS T

STREET ADDRESS

624 BISCAYNE DR.

CITY- ST- ZIP

SAN RAFAEL CA 94901

TITLE

PCEO

☐ DELETE

NAME

HOOPER, RON

STREET ADDRESS

624 BISCAYNE DR.

CITY- ST- ZIP

SAN RAFAEL CA 94901

TITLE

D

☐ DELETE

NAME

GOYETTE, MARC L

STREET ADDRESS

16300 CHRISTENSEN ROAD SUITE 250

CITY- ST- ZIP

SEATTLE WA 98188-3418

TITLE

D

☐ DELETE

NAME

CASTNER, KEVIN R

STREET ADDRESS

600 CALIFORNIA ST., 8TH FL.

CITY- ST- ZIP

SAN FRANCISCO CA 94108

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

CFO

☐ Change

☒ Addition

1.2 NAME

David Kirshman

1.3 STREET ADDRESS

651 Vislamont

1.4 CITY- ST- ZIP

Berkeley CA 94708

2.1 TITLE

D

☐ Change

☒ Addition

2.2 NAME

Perry, Mark

2.3 STREET ADDRESS

2490 Sand Hill Road

2.4 CITY- ST- ZIP

Menlo Park CA 94025

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Original Filing #

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