

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 02 1997 8:00am
Secretary of State

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 94939-1750

3. Date Incorporated or Qualified

09/06/1995

3a. Date of Last Report

04/16/1996

2. Principal Place of Business

21 101 ROWLAND WAY

Suite, Apt. #, etc.

22 SUITE 300

City & State

23 NOVATO CA

Zip

24 94945

Country

25 USA

2a. Mailing Address

26 101 ROWLAND WAY

Suite, Apt. #, etc.

27 SUITE 300

City & State

28 NOVATO CA

Zip

29 94945

Country

30 USA

4. FEI Number

68-0335484

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CFO ☐ DELETE

NAME KIRSHMAN, DAVID

STREET ADDRESS 651 VISTAMONT

CITY-ST-ZIP BERKELEY CA

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 D ☐ DELETE

NAME PERRY, MARK

STREET ADDRESS 2490 SNAD HILL ROAD

CITY-ST-ZIP MENLO PARK CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0508043

CR2E034 (9/96)