## 2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

## **FILED** DOCUMENT # **F95000005129** May 03, 2000 8:00 am Secretary of State ALTRIS SOFTWARE, INC. 05-03-2000 90053 002 \*\*\*150.00 Principal Place of Business Mailing Address 9339 CARROLL PARK DR. 9339 CARROLL PARK DR. SAN DIEGO CA 92121 SAN DIEGO CA 92121-2257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 95-3634089 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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 DATE (NOTE: Registered A required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE TITLE ☐ Delete MCGOVERN, MICHAEL J. NAME NAME 24 WEST NORMAN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THOUSAND OAKS CA ☐ Addition ☐ Change TITLE TITLE CLARK, STEVE NAME NAME STREET ADDRESS 9339 CARROLL PARK DRIVE STREET ADDRESS CITY-ST-ZIP SAN DIEGO CA 92121 CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME HAMILTON, D. ROSS NAME STREET ADDRESS 130 E END AVE STREET ADDRESS CITY-ST-ZIP NEW\_YORK\_NY CITY-ST-ZIP CEOD ☐ Addition ☐ Delete TITLE TITLE NAME ERICKSON, ROGER H 9339 CARROLL PARK DR. STREET ADDRESS STREET ADDRESS SAN DIEGO CA CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE LOW, JOHN W NAME NAME STREET ADDRESS 9339 CARROLL PARK DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA ☐ Addition ☐ Delete TITLE TITLE UNRUH, LARRY D. UNRUM, LARRY D NAME NAME STREET ADDRESS 717 17TH STREET, STE 1600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DENVER CO 80202 13. I hereby certify that the information supplied with this filling 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 suppliemental teport 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 the size empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if