

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000613

1. Entity Name

VITALCOM INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90385 032 ***150.00

Principal Place of Business

Mailing Address

15222 DEL AMO AVE.
TUSTIN CA 92780

15222 DEL AMO AVE.
TUSTIN CA 92780-6414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

33-0538926

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CDO
SAMPLE, FRANK
15222 DEL AMO AVE
TUSTIN CA 92780 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
THUNEN, SHELLEY
15222 DEL AMO AVE.
TUSTIN CA 92780 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Graham, John
15222 Del Amo Avenue
Tustin, CA 92780 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WEGGLICKI, TIMOTHY
ONE SOUTH STREET
BALTIMORE MD 21202 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HACKETT, PATRICK
466 LEXINGTON AVE., 10TH FL
NEW YORK NY 10017 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Leff, Jonathan
466 Lexington Ave., 11th Floor
New York, NY 10017-3147 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LASERSOHN, JACK W
100 NEWTON LANE STE 2
EAST HAMPTON NY 11937 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

Frank T. Sample

Date

Daytime Phone #

(714)546-0147

CR2E034 (9/99)