

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001562

1. Entity Name
MICROKINETICS, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 26 PM 12: 50

Principal Place of Business
2805 MISSION COLLEGE BLVD
SANTA CLARA CA 95054

Mailing Address
40-004 COOK ST
PALM DESSERT CA 92211

2. Principal Place of Business

3. Mailing Address
2805 MISSION COLLEGE BND.

REINSTATEMENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SANTA CLARA, CA

4. FEI Number
77-0285377

Applied For
Not Applicable

Zip

Country

Zip

95054

Country

USA

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)

900004685119--3

City

FL 33324

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
Naseem A. Conde

NASEEM A. CONDE
SPECIAL ASST. SECRETARY

10.25.01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	AS GOSSIN, AMY G 40-004 COOK ST PALM DESERT CA 92211	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE SHIMMON, DAVID J 40-004 COOK ST PALM DESERT CA 92211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICKERSON, STEVEN P 2805 MISSION COLLEGE BLVD SANTA CLARA CA 95054	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPC SPENCE, KEVIN L 40-004 COOK ST PALM DESERT CA 92211	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HYENNEKENS, DUANE R 40-004 COOK ST PALM DESERT CA 92211	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS STANCZAK, STEPHEN P 40-004 COOK ST PALM DESERT CA 92211	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARLINDA HINOJOSA 2805 MISSION COLLEGE BND. SANTA CLARA, CA 95054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2805 MISSION COLLEGE BND. SANTA CLARA, CA 95054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP/S JOHN GOODMAN 2805 MISSION COLLEGE BND. SANTA CLARA, CA 95054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CPO JOHN FERRARI 2805 MISSION COLLEGE BND. SANTA CLARA, CA 95054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JUDY L. RODGERS 2805 MISSION COLLEGE BND. SANTA CLARA, CA 95054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

MARLINDA HINOJOSA

Date

Daytime Phone #

9.4.01 408 588 4560

0136096 . AT

CR2E034 (5/01)