## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 25, 2000 8:00 am Secretary of State DOCUMENT # **F96000002638** INSERVE SUPPORT SOLUTIONS, INC. 04-25-2000 90078 035 \*\*\*150.00 Principal Place of Business Mailing Address 770 TAMALPAIS DR., #206 770 TAMALPAIS DR., #206 CORTE MADERA CA 94925-1736 CORTE MADERA CA 94925-1736 84 (4 0 L 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt # etc. 4. FEI Number Applied For City & State City & State 68-0289289 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 12. 11. **PSTD** Addition TITLE ☐ Delete TITLE THELEN III, MAX NAME NAME STREET ADDRESS 770 TAMALPAIS DR., #206 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF CORTE MADERA CA Addition ☐ Change TITLE ☐ Delete TITLE NAME THELEN JR. MAX NAME 770 TAMALPAIS DR., #206 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORTE MADERA CA ☐ Addition ☐ Delete ☐ Change TITLE NAME GLASS\_ROBERT NAME STREET ADDRESS STREET ADDRESS 770 TAMALPAIS DR., #206 CITY-ST-ZIP CITY-ST-ZIP CORTE MADERA CA ☐ Change ☐ Addition VICE-President ☐ Delete TITLE TITLE Jill Gottlieb 770 Tamalpais Dr#zob NAME NAME STREET ADDRESS STREET ADDRESS orte madera Cu 94925 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE VICU-President NAME victoria Rhodes STREET ADDRESS STREET ADDRESS 270 Thmas pass or #200 Cortemade a Caguas CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition Barbara Fairerind TITLE TITLE NAME NAME Asst. Secretur 70 Tamaspul or #206 STREET ADDRESS STREET ADDRESS ork made a Ca 9492 S CITY-ST-ZIP CITY-ST-ZIP

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:

415-927-9100x224