

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000004466**1. Entity Name
P-COM, INC.**FILED**
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90297 015 ***150.00

Principal Place of Business

**3175 S. WINCHESTER BLVD
CAMPBELL CA 95008**

Mailing Address

**3175 S. WINCHESTER BLVD
CAMPBELL CA 95008**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **77-0289371**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	ROBERTS, GEORGE P	
STREET ADDRESS	3175 S. WINCHESTER BLVD	
CITY-ST-ZIP	CAMPBELL CA 95008	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	STEPHENSON, LEIGHTON	
STREET ADDRESS	3175 S. WINCHESTER BLVD	
CITY-ST-ZIP	CAMPBELL CA 95008	
TITLE	COO	<input type="checkbox"/> Delete
NAME	SOBCZAK, JAMES	
STREET ADDRESS	3175 S. WINCHESTER BLVD	
CITY-ST-ZIP	CAMPBELL CA 95008	
TITLE	V	<input type="checkbox"/> Delete
NAME	WOOD, JOHN	
STREET ADDRESS	3175 S. WINCHESTER BLVD	
CITY-ST-ZIP	CAMPBELL CA 95008	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BEAN, KENNETH E II	
STREET ADDRESS	3175 S. WINCHESTER BLVD	
CITY-ST-ZIP	CAMPBELL CA 95008	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice-President & General C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kahl, Caroline B.	
STREET ADDRESS	3175 S. Winchester Blvd	
CITY-ST-ZIP	Campbell, CA 95008	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: 

Vp & CFO

04/19/01

408.866.3666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)