

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90057 007 ***150.00

DOCUMENT # F96000004927

1. Entity Name
COEN COMPANY, INC.

Principal Place of Business

1510 ROLLINS ROAD
BURLINGAME CA 94010

Mailing Address

1510 ROLLINS ROAD
BURLINGAME CA 94010

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

94-0393390

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, 2002 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

TITLE, NAME ☐ Delete
PD WHITE, JAMES H
STREET ADDRESS 1510 ROLLINS ROAD
CITY-ST-ZIP BURLINGAME CA

TITLE, NAME ☐ Delete
VP CHURCH, J.B.
STREET ADDRESS 1510 ROLLINS ROAD
CITY-ST-ZIP BURLINGAME CA 94010

TITLE, NAME ☐ Delete
CD EATON, SHERMAN
STREET ADDRESS 1510 ROLLINS ROAD
CITY-ST-ZIP BURLINGAME CA

TITLE, NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE, NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE, NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE, NAME ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/02

CR2E034 (9/01)