

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005071

1. Entity Name

CALIFORNIA INTEGRATED SYSTEMS, INC.

FILED

00 FEB -3 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
201 MOFFETT PARK DRIVE
SUNNYVALE CA 94089

Mailing Address
NRAI SERVICES, INC
526 E. PARK AVE
TALLAHASSEE FL 32301-2568
US

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 94-2658153

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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 DP ☐ Delete
NAME BOESENBERG, CHARLES M
STREET ADDRESS 201 MOFFETT PARK DRIVE
CITY-ST-ZIP SUNNYVALE CA 94089

TITLE ☐ Change ☐ Addition
NAME 500003128815--7
STREET ADDRESS -02/09/00--01013--025
CITY-ST-ZIP ****150.00 ****150.00

TITLE CEO ☐ Delete
NAME BOESENBERG, CHARLES M
STREET ADDRESS 201 MOFFETT PARK DRIVE
CITY-ST-ZIP SUNNYVALE CA 94089

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

TITLE DCS ☐ Delete
NAME GUPTA, NARENDRA K
STREET ADDRESS 201 MOFFETT PARK DRIVE
CITY-ST-ZIP SUNNYVALE CA 94089

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

TITLE D ☐ Delete
NAME BOLGER, JOHN C
STREET ADDRESS 96 SUTHERLAND DRIVE
CITY-ST-ZIP ATHERTON CA 94027

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

TITLE D ☐ Delete
NAME GUPTA, VINITA
STREET ADDRESS 252 HUMBOLT COURT
CITY-ST-ZIP SUNNYVALE CA 94089

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

TITLE CTO ☒ Delete
NAME THOMPSON, MARCO
STREET ADDRESS 201 MOFFETT PARK DRIVE
CITY-ST-ZIP SUNNYVALE CA 94089

TITLE ☐ Change ☒ Addition
NAME CTO, D
STREET ADDRESS JAMES E. CHALLENGER, JR.
CITY-ST-ZIP 201 MOFFETT PARK DRIVE
SUNNYVALE, CA 94089

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:

Charles M. Boesenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles M. Boesenberg

1/31/2000

408/542-1500

Date

Daytime Phone #

KE

Integrated Systems, Inc. dba California Integrated Systems, Inc.

**Florida Department of State
2000 Uniform Business Report
Supplementary Sheet**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
1.1	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2	NAME	Brochu, Michael A.	
1.3	STREET ADDRESS	1601 Fifth Avenue, Suite 1900	
1.4	CITY - ST - ZIP	Seattle, WA 98101	
1.1	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2	NAME	Murphy, Richard C.	
1.3	STREET ADDRESS	7 Daffodil Way	
1.4	CITY - ST - ZIP	San Carlos, CA 94070	
1.1	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2	NAME	Kailath, Thomas	
1.3	STREET ADDRESS	201 Moffett Park Drive	
1.4	CITY - ST - ZIP	Sunnyvale, CA	
1.1	TITLE	CFO, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2	NAME	Smith, William C.	
1.3	STREET ADDRESS	201 Moffett Park Drive	
1.4	CITY - ST - ZIP	Sunnyvale, CA	