2000	UNIFORM BUSIN	IESS REPO	RT (UBR)				
DOCUMENT # F96000005350 1. Entity Name				SECRETARY OF STATE COMPONENTIONS			
	SRI Consulting	•		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Capital Comments	POMATIONS	
			<u> </u>) OCT P		
Principal Place of Business Mailing Address Same			me		,00111 4	u 2: 51	
333 Ravenswood Avenue							
Manlo I	Park, CA 94025			.			
				·			
,		3. Mailing Address					
Same Suite, Apt. #, etc.		Same Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
n/a		n/a		<u> </u>			
City & State		City & State		4. FEI Number	⊢	pplied For ot Applicable	
same Zip Country		Zip Country		94-2876936	\$8.75 Add		
same	USA	same	<u> USA</u>	5. Certificate of Status Desired	Fee Require		
	6. Name and Address of Current Re	gistered Agent	Name	7. Name and Address of New Registe	ered Agent		
	Corporation System						
1200 South Pine Island Road Plantation, Florida 33324			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
TTAMEA	21011, 11011 u a 33324	•					
			City		FL Zip Code	e	
				and and a least in the Parts of Clavide	<u></u> -		
8. The above	named entity submits this statement for tr	ne purpose of changing its r	egisterea onice or regis	stered 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 requi	ured when reinstating)	DATE		
• This corpo	oration is eligible to satisfy its Intangible	FILE NOWIL	FEE IS \$150.00				
Tax filing requirement and elects to do so. After MAY 1, 2000 F			0 Fee will be \$550.00	TIGSET UND CONTRIBUTION.		0 _May Be I to Fees	
			e to Department of S	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR:	S IN 11	
11.	Vice President	Delete	12.	ADDITIONS/CHANGES TO OTTICE IC	☐ Change		
NAME	Dennis Romley		NAME	6000034	34506	-005 -005 -009 -009 -009 -009 -009	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	-10/23/11	 	-002	
CITY-ST-ZIP TITLE	Menlo Park, CA 94025 Vice President □ Delete		TITLE	************************************		Addition C	
NAME			NAME				
STREET ADDRESS	∞ 333 Kavenswood Ave.		STREET ADDRESS (CITY-ST-ZIP				
CITY-ST-ZIP	Menio Park, CA 94025		TITLE		☐) Change	Addition	
TITLE NAME	Vice President William Daniel Guns	□ Detete	NAME				
STREET ADDRESS	333 Ravenswood Avenu	e	STREET ADDRESS			1	
CITY-ST-ZIP	Menlo Park, Ca. 940	2.5	CITY-ST-ZIP		Change	Addition	
TITLE NAME	I DETECTION TELETITIES SELECTION TO THE SELECTION IN THE		NAME		(L) 411-19-		
STREET ADDRESS	1650 Beach' Street		STREET ADDRESS				
CITY-ST-ZIP	San Francisco, CA 94123		CITY-ST-ZIP		Change	Addition	
TITLE NAME	CEO X Delete Allen M. Phipps		NAME		Onlings		
STREET ADDRESS	33 Prado Secoya		STREET ADDRESS				
CITY-ST-ZIP ' '	Atherton, CA 94027 Vice President [X Delete		CITY-ST-ZIP		Change	Addition	
TITLE NAME	Emilio Cvitkovic	∑ Delete	TITLE NAME		Unlange		
STREET ADDRESS	1		STREET ADDRESS		AD	}	
CITY-ST-ZIP	Burlingame, CA 940		CITY-ST-ZIP	Continue 110 07/2V/) Florida Contrata Libraria	or cortifu that that	oformation	
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 or director of indicated on this 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 or director of indicated on this report is true and accurate and the same legal effect as if made under oath; that I am an officer or director of indicated on this report is true and accurate and that my signature is not indicated on this report is true and accurate and that my signature is not indicated on this report is true and accurate and that my signature is not indicated on this 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 of 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.							
CICNAT	UDE. Named	Komlles	2	10/3/00 65%	859-33	338	
SIGNAT	SIGNATURE AND TYPED OR PRIM	ITED NAME OF SIGNING OFFICER O		Date Date	Daytime Phone #		