

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90047 015 ***150.00

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DOCUMENT # F97000002818

1. Corporation Name
ALIAS/WAVEFRONT, INC.

Principal Place of Business

**210 KING STREET E
TORONTO ON M5A1J
US**

Mailing Address

**2011 N. SHORELINE BLVD.
MOUNTAIN VIEW CA 94043
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1997

4. FEI Number
77-0036179

Applied For
Not Applicable

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

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country
24 CANADA

2a. Mailing Address

26 **210 KING STREET EAST**

27 Suite, Apt. #, etc.

28 **TORONTO, ONTARIO**

29 Zip Country
30 M5A 1J7 CANADA

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **SD
ESCHER, SANDRA**
STREET ADDRESS **2011 N. SHORELINE BLVD., MAIL STOP 710**
CITY-ST-ZIP **MOUNTAIN VIEW CA 94043**

TITLE ☐ DELETE

NAME **SVD
KELLY, BILL**
STREET ADDRESS **2011 N. SHORELINE BLVD., MAIL STOP 710**
CITY-ST-ZIP **MOUNTAIN VIEW CA 94043**

TITLE ☐ DELETE

NAME **T
SALTMARSH, BOB**
STREET ADDRESS **2011 N. SHORELINE BLVD., MAIL STOP 710**
CITY-ST-ZIP **MOUNTAIN VIEW CA 94043**

TITLE ☐ DELETE

NAME **P
WILSON, PENNY**
STREET ADDRESS **210 KING STREET E**
CITY-ST-ZIP **TORONTO ON M5A1J**

TITLE ☐ DELETE

NAME **C
HORTON, BRUCE**
STREET ADDRESS **210 KING STREET E**
CITY-ST-ZIP **TORONTO ON M5A1J**

TITLE ☐ DELETE

NAME **S
LEWIS, DAVID**
STREET ADDRESS **210 KING STREET E**
CITY-ST-ZIP **TORONTO ON M5A1J**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE OF ANTHONY NEHME**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 12, 1999 (416) 362-9181
Date Daytime Phone #

CR2E034 (1/98)