

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90017 035 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000002818

1. Entity Name
ALIAS/WAVEFRONT, INC.

Principal Place of Business

**210 KING STREET E
TORONTO ON M5A1J7
US**

Mailing Address

**210 KING STREET EAST
TORONTO CA M5A1J7
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Toronto, ON. M5A 1J7

City & State

Toronto, ON. M5A 1J7

Zip

Country

CANADA

Zip

Country

CANADA

4. FEI Number

77-0036179

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **ESCHER, SANDRA**
CITY-ST-ZIP **1600 AMPHITHEATRE PARKWAY
MOUNTAIN VIEW CA 34043-1351**

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

TITLE ☐ Delete
NAME **DVPF**
STREET ADDRESS **ZELLMER, JEFFREY**
CITY-ST-ZIP **1600 AMPHITHEATRE PARKWAY
MOUNTAIN VIEW CA 34043-1351**

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **WALKER, DOUG**
CITY-ST-ZIP **210 KING ST EAST
TORONTO ONT CANADA M5A- 1J7**

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **MEHLSTAENBLER, PETER**
CITY-ST-ZIP **210 KING ST EAST
TORONTO ONT CANADA M5A- 1J7**

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

TITLE ☐ Delete
NAME **C**
STREET ADDRESS **NEHME, ANTHONY**
CITY-ST-ZIP **210 KING ST EAST
TORONTO ONT CANADA M5A- 1J7**

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **WHARRY, OAVE**
CITY-ST-ZIP **210 KING ST EAST
TORONTO ONT CANADA M5A- 1J7**

TITLE ☐ Change ☐ 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:

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

JAN. 30, 2002
Date

(416) 874-8448
Daytime Phone #

CR2E034 (9/01)

Attachment

#P97000002878/

Additional Officers - Alias/Wavefront, Inc.

604115

CFO, General Counsel and
Assistant Secretary

Rusnell, Joanne
210 King Street East
Toronto, Ontario, Canada M5A 1J7