

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90269 018 ***150.00

DOCUMENT # F97000002818

1. Entity Name
ALIAS/WAVEFRONT, INC.



Principal Place of Business
**210 KING STREET E
TORONTO, ONTARIO, CA M5A- J7 US**

Mailing Address
**210 KING STREET E
TORONTO, ONTARIO, CA M5A- J7 US**

54045333



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

77-0036179

Applied For

Not Applicable

Zip

M5A 1J7

Country

Zip

M5A 1J7

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DS** ☐ Delete
NAME **ESCHER, SANDRA**
STREET ADDRESS **1600 AMPHITHEATRE PARKWAY**
CITY-ST-ZIP **MOUNTAIN VIEW, CA 340431351**

TITLE **DVPF** ☐ Delete
NAME **ZELLMER, JEFFREY**
STREET ADDRESS **1600 AMPHITHEATRE PARKWAY**
CITY-ST-ZIP **MOUNTAIN VIEW, CA 340431351**

TITLE **P** ☐ Delete
NAME **WALKER, DOUG**
STREET ADDRESS **210 KING ST EAST**
CITY-ST-ZIP **TORONTO ONT CANADA, m5a 1j7**

TITLE **VP** ☐ Delete
NAME **MEHLSTAENBLER, PETER**
STREET ADDRESS **210 KING ST EAST**
CITY-ST-ZIP **TORONTO ONT CANADA, m5a 1j7**

TITLE **C** ☐ Delete
NAME **NEHME, ANTHONY**
STREET ADDRESS **210 KING ST EAST**
CITY-ST-ZIP **TORONTO ONT CANADA, m5a 1j7**

TITLE **VP** ☐ Delete
NAME **WHARRY, OAVE**
STREET ADDRESS **210 KING ST EAST**
CITY-ST-ZIP **TORONTO ONT CANADA, m5a 1j7**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1500 CRITTENDEN LANE**
CITY-ST-ZIP **MOUNTAIN VIEW, CA. 94043-1351**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1500 CRITTENDEN LANE**
CITY-ST-ZIP **MOUNTAIN VIEW, CA. 94043-1351**

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

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

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

TITLE ☒ Change ☐ Addition
NAME **WHARRY, DAVE**
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY NEHME

APRIL 27, 2004 (416) 874-8448

Date

Daytime Phone #

Alt & Chmnd

54045353
Dr K97600002818

As reported on April 16, 2004, the name of the corporation has changed to: Alias Systems Inc.

Additional Officer

CFO and Assistant Secretary

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