

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90125 039 \*\*\*150.00

**DOCUMENT # F97000002818**

1. Entity Name  
**ALIAS/WAVEFRONT, INC.**



Principal Place of Business  
**210 KING STREET E  
TORONTO, ONTARIO CA M5A- 1J7  
US**

Mailing Address  
**210 KING STREET E  
TORONTO, ONTARIO CA M5A- 1J7  
US**



2. Principal Place of Business  
**210 KING STREET E.**  
Suite, Apt. #, etc.

3. Mailing Address  
**210 KING STREET E.**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**TORONTO, ONTARIO**  
Zip  
**M5A 1J7** Country  
**CANADA**

City & State  
**TORONTO, ONTARIO**  
Zip  
**M5A 1J7** 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**

**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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS ESCHER, SANDRA 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW CA 34043-1351</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPF ZELLMER, JEFFREY 1600 AMPHITHEATRE PARKWAY MOUNTAIN VIEW CA 34043-1351</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WALKER, DOUG 210 KING ST EAST TORONTO ONT CANADA M5A- 1J7</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MEHLSTAENBLER, PETER 210 KING ST EAST TORONTO ONT CANADA M5A- 1J7</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C NEHME, ANTHONY 210 KING ST EAST TORONTO ONT CANADA M5A- 1J7</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WHARRY, OAVE 210 KING ST EAST TORONTO ONT CANADA M5A- 1J7</b> <input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO, ASST. SECTY RUSNELL, JOANNE 210 KING ST. E. TORONTO, ONT. CANADA M5A 1J7</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** **ANTHONY NEHME** **JAN. 27, 2003** **(416) 874-8448**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)