2000 UNIFORM BUSINESS REPORT (UBR)

Jan 27, 2000 8:00 am Secretary of State DOCUMENT # F9700003401 01-27-2000 90009 020 ***150.00 GRTV, INC. Mailing Address Principal Place of Business 400 S. EL CAMINO REAL. #1100 400 S. EL CAMINO REAL, #1100 B0008331 SAN MATEO CA 94402-1706 SAN MATEO CA 94402-1708 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FE! Number City & State City & State 94-3274718 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent =6.-Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS ☐ Addition CCEO TITLE ☐ Change TITLE Delete NAME BATINOVICH, ROBERT NAME STREET ADDRESS STREET ADDRESS 441 ROEHAMPTON RD. CITY-ST-ZIP CITY-ST-ZIP HILLSBOROUGH CA 94010 ☐ Change ☐ Addition PC00 ☐ Defete TITLE TITLE BATINOVICH, ANDREW NAME NAME STREET ADDRESS 1201 MARLBOROUGH RD. STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP HILLSBOROUGH CA 94010-1708 ☐ Change ~ ☐ Addition TITLE EVP Delete TITLE BOYLE, SANDRA L NAME NAME STREET ADDRESS 431 HURLINGHAM STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN MATEO CA 94402 ☐ Change ☐ Addition SVPT ☐ Delete TITLE TITLE GARNICK, TERRI NAME NAME STREET ADDRESS **421 PARROTT** STREET ADDRESS CJTY-ST-ZIP CITY-ST-ZIP SAN MATEO CA 94402 SVPS ☐ Delete TITI F Change Addition TITLE AUSTIN, FRANK E NAME NAME STREET ADDRESS STREET ADDRESS 180 E. CREEK DR. CITY-ST-ZIP CITY-ST-ZIP MENLO PARK CA 94025 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME CHENG, ANNA NAME STREET ADDRESS STREET ADDRESS 1621 ELM ST. CITY-ST-ZIP CITY-ST-7IP SAN CARLOS CA 94070

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 other like empowered.

01/20/00

(650) 343-9300

FILED

CR2E034 (9/99)