## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # F9700003616 Mar 27, 2000 8:00 am Secretary of State 1. Entity Name GIGA INFORMATION GROUP, INC. 03-27-2000 90104 006 \*\*\*150.00 Mailing Address Principal Place of Business ONE LONGWATER CIRCLE ONE LONGWATER CIRCLE NORWELL MA 02061 NORWELL MA 02061-1616 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 06-1422860 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEMS Street Address (P.O. Box Number is Not Acceptable) 1200 SO PINE ISLAND RD PLANTATION FL 33324 Zin Code City FL 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) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 **EVP Addition** TITI F TITLE Delete GRAHAM, JAMES NAME NAME STREET ADDRESS STREET ADDRESS ONE LONGWATER CIRCLE CITY-ST-ZIP CITY - ST - ZIE NORWELL MA 02061 ☐ Change Addition TITLE **CFO** Delete TITLE NAME CLARKE, DANIEL M STREET ADDRESS STREET ADDRESS ONE LONGWATER CIRCLE CITY-ST-ZIP CITY-ST-ZIP NORWELL MA 02061 ☐ Delete ☐ Change Addition TITLE NAME GILMOUR, DAVID L NAME STREET ADDRESS STREET ADDRESS 3945 FREEDOM CIRCLE STE 720 CITY-ST-ZIP CITY-ST-ZIP SANTA CLARA CA 95054 ☐ Change ☐ Addition ☐ Delete TITLE BROWNSTEIN, NEILL H NAME STREET ADDRESS STREET ADDRESS 536 WEST CRESCENT DRIVE CITY-ST-ZIP CITY-ST-ZIF PALO ALTO CA 94301 ☐ Defete TITLE ☐ Change ☐ Addition TITLE CRANDALL, RICHARD L NAME NAME STREET ADDRESS 505 EAST HURON ST 201 STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ANN ARBOR MI 48104 TITLE ☐ Change \_\_\_ Addition ☐ Delete TITLE GOLDSTEIN, BERNARD NAME NAME STREET ADDRESS STREET ADDRESS 126 EAST 56TH ST 22ND FLOOR CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10022

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:

MUYNICK FULL FARMLYNCH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VPaContaller 3/20/2000

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## Giga Information Group, Inc. Additions:

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