

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004391

1. Entity Name

INPOWER INC. OF CALIFORNIA

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90006 012 ***150.00

Principal Place of Business

525 MARKET STREET
SUITE #1460
SAN FRANCISCO CA 94105

Mailing Address

525 MARKET ST., 11TH FLOOR
SAN FRANCISCO CA 94105-2708

A0031139

2. Principal Place of Business

230 CALIFORNIA STREET

3. Mailing Address

230 CALIFORNIA STREET

Suite, Apt. #, etc.

SUITE 410

Suite, Apt. #, etc.

SUITE 410

City & State

SAN FRANCISCO CA

City & State

SAN FRANCISCO

4. FEI Number

68-0359678

Applied For

Not Applicable

Zip

94111

Country

USA

Zip

94111

Country

U.S.A.

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

C-T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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	DIRECTOR	<input type="checkbox"/> Delete
NAME	KELVIN KWOK	
STREET ADDRESS	221 HENDERSON #08-01 2730 SHADELANDS DR	
CITY-ST-ZIP	SINGAPORE 94105 WALNUT CREEK, CA 94598	
TITLE	SECRETARY/CFO	<input type="checkbox"/> Delete
NAME	MORRIS, CRAIG D	
STREET ADDRESS	525 MARKET ST., 11TH FLOOR 2730 SHADELANDS DR	
CITY-ST-ZIP	SAN FRANCISCO CA 94105 WALNUT CREEK, CA 94598	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOO, JOHNNY	
STREET ADDRESS	221 HENDERSON #08-01	
CITY-ST-ZIP	SINGAPORE REPUBLIC OF SINGAP	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BIN, SEOW C	
STREET ADDRESS	221 HENDERSON #08-01	
CITY-ST-ZIP	SINGAPORE REPUBLIC OF SINGAP	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAN, SUNNY	
STREET ADDRESS	221 HENDERSON #08-01	
CITY-ST-ZIP	SINGAPORE REPUBLIC OF SINGAP	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREGURAS, FRED	
STREET ADDRESS	FENWICK & WEST - 2 PALO ALTO SQUARE	
CITY-ST-ZIP	PALO ALTO CA 94306	

TITLE	CEO / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY BARRAS	
STREET ADDRESS	2730 SHADELANDS DR SUITE 101	
CITY-ST-ZIP	WALNUT CREEK CA 94598	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID KADISH	
STREET ADDRESS	2730 SHADELANDS DR SUITE 101	
CITY-ST-ZIP	WALNUT CREEK CA 94598	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)