

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90140 047 \*\*\*150.00

**DOCUMENT # F97000005785**

**1. Entity Name**  
**TRINET EMPLOYER GROUP, INC.**



**Principal Place of Business**  
**101 CALLAN AVE., 3RD FL.**  
**SAN LEANDRO CA 94577**

**Mailing Address**  
**101 CALLAN AVE., 3RD FL.**  
**SAN LEANDRO CA 94577**

**2. Principal Place of Business**  
**1100 San Leandro Blvd.**

**3. Mailing Address**  
**1100 San Leandro Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**San Leandro, CA**

**City & State**  
**San Leandro, CA**

**Zip**  
**94577**

**Country**  
**U.S.A**

**Zip**  
**94577**

**Country**  
**U.S.A**

**4. FEI Number** **94-3081033**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

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

**Name**

**Street Address (P.O. Box Number is Not Acceptable)**

**City**

**FL**

**Zip Code**

**7. Name and Address of New Registered Agent**

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>CEO</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BABINEC, MARTIN</b>	
<b>STREET ADDRESS</b>	<b>400 DAVIS ST #106</b>	
<b>CITY-ST-ZIP</b>	<b>SAN LEANDRO CA 94577</b>	
<b>TITLE</b>	<b>TCFO</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>DEVLIN, DOUGLAS P</b>	
<b>STREET ADDRESS</b>	<b>1708 DANIELS DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>SAN LEANDRO CA 94577</b>	
<b>TITLE</b>	<b>VGC</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>HAMMOND, GREGORY L</b>	
<b>STREET ADDRESS</b>	<b>2468 CROYDEN CT</b>	
<b>CITY-ST-ZIP</b>	<b>SAN LEANDRO CA 94577</b>	
<b>TITLE</b>	<b>CTO</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CARLSON, STEVEN H</b>	
<b>STREET ADDRESS</b>	<b>7000 SNAKE RD</b>	
<b>CITY-ST-ZIP</b>	<b>OAKLAND CA 94611</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>1092 Laurel Dr.</b>	
<b>CITY-ST-ZIP</b>	<b>Lafayette, CA 94549</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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* **CFO/COO,**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/13/03 (510)352-5000**

Date Daytime Phone #

CR2E034 (10/02)