

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000005

1. Entity Name

IMX, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90028 006 ***150.00

Principal Place of Business

111 DEERWOOD ROAD, STE 220
SAN RAMON CA 94583

Mailing Address

111 DEERWOOD ROAD, STE 220
SAN RAMON CA 94583-1551

2. Principal Place of Business

2305 Camino Ramon

3. Mailing Address

2305 Camino Ramon

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

San Ramon CA

City & State

San Ramon CA

Zip

94583

Country

USA

Zip

94583

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

91-1751356

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	VS	<input type="checkbox"/> Delete
NAME	PULLEN, JEFFREY A	
STREET ADDRESS	111 DEERWOOD RD STE 220	
CITY-ST-ZIP	SAN RAMON CA	
TITLE	D G	<input type="checkbox"/> Delete
NAME	HOAY, JAY C	
STREET ADDRESS	111 DEERWOOD ROAD, STE 220	
CITY-ST-ZIP	SAN RAMON CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUMMER, JOHN	
STREET ADDRESS	2 SOUTH PARK, 2ND FLOOR	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	PROUDIAN, DEREK	
STREET ADDRESS	2772 SAND HILL ROAD STE 240	
CITY-ST-ZIP	MENLO PARK CA	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LEEP, THOMAS E	
STREET ADDRESS	111 DEERWOOD RD, STE 220	
CITY-ST-ZIP	SAN RAMON CA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MIHAYLI, ROBERT E	
STREET ADDRESS	111 DEERWOOD RD, STE 220	
CITY-ST-ZIP	SAN RAMON CA	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD E. WILKES	
STREET ADDRESS	2305 Camino Ramon, Ste 200	
CITY-ST-ZIP	San Ramon CA	
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		
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

1/27/00

Date

925-983-2000

Daytime Phone #

CR2E034 (9/99)