

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90091 038 \*\*\*150.00

**DOCUMENT # F98000000446**



1. Entity Name  
**ELEVON, INC.**

Principal Place of Business  
**303 SECOND ST  
3 NORTH  
SAN FRANCISCO CA 94107**

Mailing Address  
**303 SECOND ST  
3 NORTH  
SAN FRANCISCO CA 94107**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>95-2862954</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>NRAI SERVICES, INC.</b> <b>526 E. PARK AVENUE</b> <b>TALLAHASSEE FL 32301</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>C</b>		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WETMORE, DAVID C</b>			NAME			
STREET ADDRESS	<b>303 SECOND ST 3 N</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SAN FRANCISCO CA 94107</b>			CITY-ST-ZIP			
TITLE	<b>CEO</b>		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RICHARDSON, FRANK M</b>			NAME			
STREET ADDRESS	<b>303 SECOND ST 3 NORTH</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SAN FRANCISCO CA 94107</b>			CITY-ST-ZIP			
TITLE	<b>VCFO</b>		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>VOGLER, STANLEY</b>			NAME			
STREET ADDRESS	<b>MARATHON PLAZA THREE N., 303 2ND ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SAN FRANCISCO CA 94107</b>			CITY-ST-ZIP			
TITLE	<b>P</b>		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LORD, PAUL</b>			NAME			
STREET ADDRESS	<b>MARATHON PLAZA THREE N., 303 2ND ST</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SAN FRANCISCO CA 94107</b>			CITY-ST-ZIP			
TITLE	<b>D</b>		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ALBERDING, RICHARD C</b>			NAME			
STREET ADDRESS	<b>15 ASHDOWN PLACE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>HALF MOON BAY CA 94019</b>			CITY-ST-ZIP			
TITLE	<b>D</b>		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>AMOCHAEV, TANIA</b>			NAME			
STREET ADDRESS	<b>1400 MARINA WAY S.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>RICHMOND CA 94804</b>			CITY-ST-ZIP			

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: *Stanley Vogler* \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)