

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F98000001016**

1. Entity Name

**NORTHPOINT COMMUNICATIONS, INC.****FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90004 050 \*\*\*150.00

Principal Place of Business

Mailing Address

**222 SUTTER STREET  
7TH FLOOR  
SAN FRANCISCO CA 94108****222 SUTTER STREET  
7TH FLOOR  
SAN FRANCISCO CA 94108-4445****C0022351**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**303 2nd Street**

Suite, Apt. #, etc.

**South Tower**

City &amp; State

**San Francisco, CA**

Zip

**94107**

Country

**USA**

3. Mailing Address

**303 2nd Street**

Suite, Apt. #, etc.

**South Tower**

City &amp; State

**San Francisco, CA**

Zip

**94107**

Country

**USA**

4. FEI Number

**94-3270260**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	<b>CEO</b>	<input type="checkbox"/> Delete
NAME	<b>MALAGA, MICHAEL</b>	
STREET ADDRESS	<b>222 SUTTER ST 7TH FL</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO CA 94108</b>	
TITLE	<b>VFP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MONAHAN, TIMOTHY</b>	
STREET ADDRESS	<b>222 SUTTER ST 7TH FL</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO CA 94108</b>	
TITLE	<b>VGCS</b>	<input type="checkbox"/> Delete
NAME	<b>GOROSH, STEVEN</b>	
STREET ADDRESS	<b>222 SUTTER ST 7TH FL</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO CA 94108</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>ZEICHNER, ANN</b>	
STREET ADDRESS	<b>222 SUTTER ST 7TH FL</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO CA 94108</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>HALL, MICHAEL W</b>	
STREET ADDRESS	<b>222 SUTTER ST 7TH FL</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO CA 94108</b>	
TITLE	<b>PCOO</b>	<input type="checkbox"/> Delete
NAME	<b>FETTER, ELIZABETH</b>	
STREET ADDRESS	<b>222 SUTTER ST 7TH FL</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO CA 94108</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>See attached list.</b>	
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		
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: **Steve Gorosh**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1-31-00  
Date415-403-4003  
Daytime Phone #

CR2E034 (9/99)