

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 8:00 am**
Secretary of State

04-25-2001 90025 047 ***150.00

DOCUMENT # F98000001857

1. Entity Name

TRADEX TECHNOLOGIES, INC.

Principal Place of Business

501 E KENNEDYBLVD
STE 600
TAMPA FL 33602

Mailing Address

501 E KENNEDYBLVD
STE 600
TAMPA FL 33602

2. Principal Place of Business

1565 Charleston Road
Suite, Apt. #, etc.

3. Mailing Address

1565 Charleston Road
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Mountain View, CA

City & State

Mountain View, CA

4. FEI Number

59-2966059

Applied For

Not Applicable

Zip

94043

Country

United States

Zip

94043

Country

United States

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 32301-2525

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PC	<input checked="" type="checkbox"/> Delete
NAME	AEGERTER, DANIEL S	
STREET ADDRESS	501 EAST KENNEDY BOULEVARD SUITE 750	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BERTRON, STEWART T	
STREET ADDRESS	501 EAST KENNEDY BOULEVARD SUITE 750	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	STADDON, KEITH	
STREET ADDRESS	501 EAST KENNEDY BOULEVARD SUITE 750	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MESLEY, J. SIGMUND	
STREET ADDRESS	501 E KENNEDY BLVD STE 600	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HIGBERG, VERN	
STREET ADDRESS	501 E KENNEDY BLVD STE 600	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, JAMES A	
STREET ADDRESS	501 E KENNEDY BLVD STE 600	
CITY-ST-ZIP	TAMPA FL 33602	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Mueller	
STREET ADDRESS	1565 Charleston Road	
CITY-ST-ZIP	Mountain View, CA 94043	
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keith J. Krach	
STREET ADDRESS	1565 Charleston Road	
CITY-ST-ZIP	Mountain View, CA 94043	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert M. Calderoni	
STREET ADDRESS	1565 Charleston Road	
CITY-ST-ZIP	Mountain View, CA 94043	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eileen Basho	
STREET ADDRESS	1565 Charleston Road	
CITY-ST-ZIP	Mountain View, CA 94043	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	K. Charly Kleissner	
STREET ADDRESS	1565 Charleston Road	
CITY-ST-ZIP	Mountain View, CA 94043	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Mumford	
STREET ADDRESS	2925 Woodside Road	
CITY-ST-ZIP	Woodside, CA 94062	

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01

Date

(650) 930-6200

Daytime Phone #

CR2E034 (10/00)