

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002704

1. Entity Name

DIECA COMMUNICATIONS, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90272 038 ***150.00

Principal Place of Business

Mailing Address

2330 CENTRAL EXPRESSWAY
SANTA CLARA CA 95050
US

2330 CENTRAL EXPRESSWAY
SANTA CLARA CA 95050-2516
US

2. Principal Place of Business

3. Mailing Address

4250 Burton Drive
Suite, Apt. #, etc.

4250 Burton Drive
Suite, Apt. #, etc.

City & State

City & State

Santa Clara, Ca

Santa Clara, Ca

Zip

Country

Zip

Country

95054

Santa Clara

95054

Santa Clara

6. Name and Address of Current Registered Agent

4. FEI Number

77-0470016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

NRAI SERVICES, INC.
526 PARK AVE
TALLAHASSEE FL 32301

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	DP	<input type="checkbox"/> Delete
NAME	KNOWLING, ROBERT E JR	
STREET ADDRESS	2330 CENTRAL EXPRESSWAY	
CITY-ST-ZIP	SANTA CLARA CA 95050	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	KHANNA, DHRUV	
STREET ADDRESS	2330 CENTRAL EXPRESSWAY	
CITY-ST-ZIP	SANTA CLARA CA 95050	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LAHEY, TIMOTHY P	
STREET ADDRESS	2330 CENTRAL EXPRESSWAY	
CITY-ST-ZIP	SANTA CLARA CA 95050	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4250 Burton Drive	
CITY-ST-ZIP	Santa Clara, Ca 95054	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP	Santa Clara, Ca 95054	
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CITY-ST-ZIP	Santa Clara, Ca 95054	
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

Timothy Lahey, Treasurer

Date

(408)987-1000

Daytime Phone #

CR2E034 (9/99)