

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90036 039 \*\*\*150.00

**DOCUMENT # F98000003812**

1. Entity Name

**NET TOOLS, INC.**

Principal Place of Business

**3965 FREEDOM CIRCLE  
 SANTA CLARA CA 95054**

Mailing Address

**3965 FREEDOM CIRCLE  
 SANTA CLARA CA 95054**

**843462**

2. Principal Place of Business

**3965 Freedom Cir**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Santa Clara CA**

City & State

Zip

Country

**95054 USA**

Zip

Country

4. FEI Number **52-2105375**

Applied For

Not-Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GOYAL, PRABHAT K	
STREET ADDRESS	3965 FREEDOM CIRCLE	
CITY-ST-ZIP	SANTA CLARA CA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HORNSTEIN, RICHARD	
STREET ADDRESS	3965 FREEDOM CIRCLE	
CITY-ST-ZIP	SANTA CLARA CA	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, EVAN	
STREET ADDRESS	3965 FREEDOM CIRCLE	
CITY-ST-ZIP	SANTA CLARA CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Samenuk	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chief Financial Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven Richards	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry DAVIS	
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

Date

Daytime Phone #

**Terry Davis** **Terry DAVIS** **4/21/01 408 346 3566**

CR2E034 (10/00)