## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

NAME OF SIGNING OFFICER OF DIRECTOR

## FILED DOCUMENT # F9800005743 Jan 27, 2000 8:00 am 1. Entity Name Secretary of State GRT CORPORATION 01-27-2000 90009 019 \*\*\*150.00 Mailing Address Principal Place of Business 400 SOUTH EL CAMINO REAL STE 1100 400 SOUTH EL CAMINO REAL STE 1100 SAN MATEO CA 94402-1706 SAN MATEO CA 94402-1708 60008332 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 94-3236882 Not Applicable Zin Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code F۱ 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME BATINOVICH, ANDREW STREET ADDRESS STREET ADDRESS 400 SO. EL CAMINO REAL STE 1100 CITY-ST-ZIP CITY-ST-ZIP SAN MATEO CA Change ☐ Addition TITLE ☐ Delete NAME NAME SAUL, STEPHEN R STREET ADDRESS STREET ADDRESS 400 SO. EL CAMINO REAL STE 1100 CITY-ST-ZIP CITY-ST-ZIP SAN MATEO CA Change ■ Addition ☐ Delete TITLE NAME NAME AUSTIN, FRANK R STREET ADDRESS STREET ADDRESS 400 SO. EL CAMINO REAL STE 1100 CITY-ST-ZIP CITY-ST-ZIP SAN MATEO CA Change ■ Addition ☐ Defete TITLE NAME GARNICK, TERRI NAME STREET ADDRESS STREET ADDRESS 400 SO. EL CAMINO REAL STE 1100 CITY-ST-ZIP CITY-ST-7IP SAN MATEO CA Change ☐ Addition ☐ Delete TITLE TITLE CD NAME BATINOVICH, ROBERT NAME STREET ADDRESS STREET ADDRESS 400 SO. EL CAMINO REAL STE 1100 CITY-ST-ZIP CITY-ST-ZIP SAN MATEO CA Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-ZIP thereby 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

01/20/00