## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # F98000005845 Jan 27, 2000 8:00 am Secretary of State 1. Entity Name GRT IX. INC. 01-27-2000 90009 015 \*\*\*150.00 Principal Place of Business Mailing Address 400 S EL CAMINO REAL #1100 400 S EL CAMINO REAL #1100 SAN MATEO CA 94402-1708 SAN MATEO CA 94402-1706 B0008336 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 94-3311280 Not Applicable Zip Country \$8.75 Additional 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 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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. TITLE PD Delete TITLE ☐ Change ☐ Addition NAME BATINOVICH, ANDREW NAME STREET ADDRESS STREET ADDRESS 400 S EL CAMNIO REAL #1100 CITY-ST-ZIP CITY-ST-ZIP <u>SAN MATEO CA</u> Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME SHAPIRO, ALAN STREET ADDRESS STREET ADDRESS 400 S EL CAMNIO REAL #1100 CITY-ST-ZIP CITY-ST-ZIP. SAN MATEO CA -- ----☐ Delete TITLE ☐ Change Addition TITLE NAME NAME AUSTIN, FRANK E STREET ADDRESS STREET ADDRESS 400 S EL CAMNIO REAL #1100 CITY-ST-ZIP CITY-ST-ZIP SAN MATEO CA Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME BATINOVICH, ROBERT STREET ADDRESS STREET ADDRESS 400 S EL CAMNIO REAL #1100 CITY-ST-ZIP CITY-ST-ZIP SAN MATEO CA ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME GARNICK, TERRI STREET ADDRESS STREET ADDRESS 400 S EL CAMNIO REAL #1100 CITY-ST-ZIP CITY-ST-ZIP SAN MATEO CA Change ☐ Addition ☐ Delete TITLE TITLE n NAME NAME DALY, EUGENE STREET ADDRESS STREET ADDRESS 555 LAUREL STREET, PH #608 CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attack ment with an address, with all other like empowered.

(650) 343-9300

Daytime Phone #

01/20/00

Date

Frank E. Austin, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: