

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # F98000007001**1. Entity Name
BASIS COMMUNICATIONS CORPORATION

Principal Place of Business

46712 BAYSIDE PARKWAY

FREMONT

CA

94538

Mailing Address

ACCOUNTS PAYABLE

P.O. BOX 1000

HILLSBORO

971231000

OR

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-3315610

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATE ACCESS INC.
236 EAST 6TH AVE.

TALLAHASSEE

FL

32303

US

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)

05/01/2001

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	FRENCH DAVID	
STREET ADDRESS	3100 WEST WARREN AVENUE	
CITY-ST-ZIP	FREMONT CA 94538	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHOU KEVIN	
STREET ADDRESS	TWO PALO ALTO SQUARE	
CITY-ST-ZIP	PALO ALTO CA 94306	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MORRIN PATRICK	
STREET ADDRESS	46712 BAYSIDE PARKWAY	
CITY-ST-ZIP	FREMONT CA 94538	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SHEALY MICHAEL	
STREET ADDRESS	46712 BAYSIDE PARKWAY	
CITY-ST-ZIP	FREMONT CA 94538	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCATENA PATRICE CDIRECTO	
STREET ADDRESS	2200 MISSION COLLEGE BLVD	
CITY-ST-ZIP	SANTA CLARA CA 95052	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERLMAN ROBERT HDIRECTO	
STREET ADDRESS	2200 MISSION COLLEGE BLVD	
CITY-ST-ZIP	SANTA CLARA CA 95052	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SRINIVASAN KALAVATHI DIRECTO	
STREET ADDRESS	2200 MISSION COLLEGE BLVD	
CITY-ST-ZIP	SANTA CLARA CA 95052	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCATENA PATRICE CSECRETA	
STREET ADDRESS	2200 MISSION COLLEGE BLVD	
CITY-ST-ZIP	SANTA CLARA CA 95052	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SODHANI ARVIND TREASUR	
STREET ADDRESS	2200 MISSION COLLEGE BLVD	
CITY-ST-ZIP	SANTA CLARA CA 95052	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLMAN ROBERT HPRESIDE	
STREET ADDRESS	2200 MISSION COLLEGE BLVD	
CITY-ST-ZIP	SANTA CLARA CA 95052	

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: Patrice C. Scatena

Secr

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)