## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 12, 2000 8:00 am Secretary of State DOCUMENT # F9900000528 1. Entity Name NETWORK COMPUTING DEVICES, INC. 09-12-2000 90011 038 \*\*\*550.00 Principal Place of Business Mailing Address 350 N. BERNARDO-AVE 350 N. BERNABBO AVE MOUNTAIN-VIEW CA 94043 MOUNTAIN VIEW CA 94043 MUUTDODO 3. Mailing Address 2. Principal Place of Business PUENDALE DR 30\ <u> 301</u> のもの Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 77-0177255 Not Applicable Mouriair Mo well roully as Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 92 Ü 94043 ノらる Fee Required 9404 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition **PCEO** TITI F CF0 Change TITLE Delete GREGORY S. WOOD 301 PAVENDALE DR GILBERTSON, ROBERT G NAME NAME STREET ADDRESS STREET ADDRESS 350 N. BERNARDO AVE CITY-ST-ZIP CITY-ST-ZIP MT VIEW CA 94093 **MOUNTAIN VIEW CA 94043 Change** ☐ Addition ☐ Delete TITLE GILBERTSON, ROBERT G GILBERTSON, ROBERT G NAME NAME 301 RAVENDAUG DR STREET ADDRESS 350 N. BERNARDO AVE STREET ADDRESS CITY-ST-7IP MT VIEW CA 94043 CITY-ST-ZIP **MOUNTAIN VIEW CA 94043** Change ☐ Addition ☐ Delete TITLE PCEC MORIN, RUPOLPH.6. MORIN, RUDOLPH G. NAME . NAME 301 RAVENDALE DR STREET ADDRESS 350 N. BERNARDO AVE STREET ADDRESS 94:043 CITY-ST-ZIP MT VIEW, CA CITY-ST-ZIP **MOUNTAIN VIEW CA 94043** Change . Delete TITLE ☐ Addition TITLE RAMIREZ, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 350 N. BERNARDO AVE CITY-ST-ZIP CITY-ST-ZIP **MOUNTAIN VIEW CA 94043** TITLE ☐ Delete TITLE Change Addition NAME KLEIN. DOUGLAS H NAME STREET ADDRESS STREET ADDRESS 745 EMERSON ST CITY-ST-ZIF CITY-ST-ZIP PALO ALTO CA 94301 Change ☐ Addition TITLE ☐ Delete TITLE MACDONALD, STEPHEN A NAME NAME STREET ADDRESS STREET ADDRESS 11800 FRANCEMONT AVE CITY-ST-ZIP LOS ALTOS HILLS CA 94022-4443 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 of 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 attacha nt with an address, with all other like empowered.

SIGNATURE:

8/30/00