

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

0553284

DOCUMENT # F99000000528

1. Entity Name
NETWORK COMPUTING DEVICES, INC.

06-20-2001 90014 018 ***550.00

Principal Place of Business

**301 RAVENDALE DR
 MOUNTAIN VIEW CA 94043
 US**

Mailing Address

**301 RAVENDALE DR
 MOUNTAIN VIEW CA 94043
 US**

06011000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **77-0177255**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CFO** Delete
 NAME **WOOD, GREGORY G**
 STREET ADDRESS **301 RAVENDALE DR**
 CITY-ST-ZIP **MOUNTAIN VIEW CA 94043**

TITLE **CFO** Change Addition
 NAME **Garnor, Michael A.**
 STREET ADDRESS **301 Ravendale Dr.**
 CITY-ST-ZIP **Mountain View, CA. 94043**

TITLE **D** Delete
 NAME **GILBERTSON, ROBERT G**
 STREET ADDRESS **301 RAVENDALE DR**
 CITY-ST-ZIP **MOUNTAIN VIEW CA 94043**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PCEO** Delete
 NAME **MORIN, RUDOLPH G**
 STREET ADDRESS **301 RAVENDALE DR**
 CITY-ST-ZIP **MOUNTAIN VIEW CA 94043**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KLEIN, DOUGLAS H**
 STREET ADDRESS **745 EMERSON ST**
 CITY-ST-ZIP **PALO ALTO CA 94301**

TITLE **D** Change Addition
 NAME **Klein, Douglas H.**
 STREET ADDRESS **2465 Latham Street, 3rd Floor**
 CITY-ST-ZIP **Mountain View, CA. 94043**

TITLE **D** Delete
 NAME **MACDONALD, STEPHEN A**
 STREET ADDRESS **11800 FRANCEMONT AVE**
 CITY-ST-ZIP **LOS ALTOS HILLS CA 94022-4443**

TITLE **D** Change Addition
 NAME **Ledbetter Michael**
 STREET ADDRESS **2101 West Clinton Avenue**
 CITY-ST-ZIP **Huntsville, AL 35805**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Michael A. Garnor* **Michael A. Garnor** 6-4-01 (650) 919-6217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)