

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90014 035 \*\*\*150.00

**DOCUMENT # F99000002443**

1. Entity Name

**HATCH MOTT MACDONALD, INC.**

Principal Place of Business

**6140 STONERIDGE MALL ROAD, SUITE 250  
PLEASANTON CA 94588**

Mailing Address

**6140 STONERIDGE MALL ROAD, SUITE 250  
PLEASANTON CA 94588**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **16-1006700**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAUSS, STEVE  
3770 SW B ST., SUITE 200  
CORAL GABLES FL 33134**

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 **D** ☐ Delete  
NAME **THIRLWALL, TIMOTHY J**  
STREET ADDRESS **ST. ANNE HOUSE, 20-26 WELLESLEY RD.**  
CITY-ST-ZIP **CROYDON CR9 2UL UNITED KINGD**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **NOLAN, RONALD R**  
STREET ADDRESS **2800 SPEAKMAN DR.**  
CITY-ST-ZIP **MISSISSAUGA, ONTARIO L5K -2R7**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **SMITH, GORDAN A**  
STREET ADDRESS **6140 STONERIDGE MALL RD., #250**  
CITY-ST-ZIP **PLEASANTON CA 94588**

TITLE **PRESIDENT C** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CO** ☐ Delete  
NAME **WICKENS, PETER J**  
STREET ADDRESS **6140 STONERIDGE MALL ROAD, SUITE 250**  
CITY-ST-ZIP **PLEASANTON CA 94588**

TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST** ☒ Delete  
NAME **HARTLEY, ERIC R**  
STREET ADDRESS **6140 STONERIDGE MALL ROAD, SUITE 250**  
CITY-ST-ZIP **PLEASANTON CA 94588**

TITLE **S/T** ☐ Change ☒ Addition  
NAME **VELASQUEZ, JOSEPH CRAIG**  
STREET ADDRESS **6140 STONERIDGE MALL RD. SUITE 250**  
CITY-ST-ZIP **PLEASANTON, CA. 94588**

TITLE **D** ☐ Delete  
NAME **WHITE, DAVID P**  
STREET ADDRESS **6140 STONERIDGE MALL ROAD, SUITE 250**  
CITY-ST-ZIP **PLEASANTON CA 94588**

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:

*J. Craig Velasquez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JANUARY 9, 2001 925-469-5010**

CR2E034 (10/00)