

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000002575

FILED  
Jan 22, 2003  
Secretary of State

Entity Name: BRITESMILE, INC.

## Current Principal Place of Business:

490 NO. WIGET LANE  
WALNUT CREEK, CA 94598

## New Principal Place of Business:

## Current Mailing Address:

490 NO. WIGET LANE  
WALNUT CREEK, CA 94598

## New Mailing Address:

FEI Number: 87-0410364

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DCOB ( ) Delete  
Name: PILARO, ANTHONY M  
Address: 36 FITZWILLIAM PLACE  
City-St-Zip: DUBLIN 2, IRELAND,

Title: DCEO ( ) Delete  
Name: REED, JOHN L  
Address: 490 NORTH WIGET LANE  
City-St-Zip: WALNUT CREEK, CA 04598

Title: P ( ) Delete  
Name: FLEMING, BRYCE  
Address: 490 NORTH WIGET LANE  
City-St-Zip: WALNUT CREEK, CA 04598

Title: D ( ) Delete  
Name: MONTGOMERY, R. ERIC  
Address: 481 PLEASANT STREET  
City-St-Zip: LEE, MA 01238

Title: D ( ) Delete  
Name: POCH, GERALD  
Address: 500 NYALA FARM ROAD  
City-St-Zip: WESTPORT, CT 06880

Title: D ( ) Delete  
Name: LAZZARA, GASPER JR, DR  
Address: 500 SAWGRASS VILLAGE CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: FLEMING, BRUCE  
Address: 490 NORTH WIGET LANE  
City-St-Zip: WALNUT CREEK, CA 04598

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE FLEMING

P

01/22/2003

Electronic Signature of Signing Officer or Director

Date