·2002 UNIFORM BUSINESS REPORT (UBR)

May 27, 2002 8:00 am Secretary of State DOCUMENT # F99000004363 1. Entity Name 05-27-2002 90276 049 ***150 00 NEW EDGE NETWORK, INC. Principal Place of Business Mailing Address 3000 COLUMBIA HOUSE BLVD., SUITE 106 3000 COLUMBIA HOUSE BLVD., SUITE 106 VANCOUVER WA 98661 VANCOUVER WA 98661 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 94-3331274 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 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** City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVTD** ☐ Delete TITLE TITLE ☐ Change ■ Addition MOFFAT, DANIEL G NAME NAME STREET ADDRESS 3000 COLUMBIA HOUSE BLVD., SUITE 106 STREET ADDRESS CITY-ST-ZIP VANCOUVER WA 98661 CITY-ST-ZIP TITLE S ☐ Delete TITLE ☐ Change Addition NAME CLOWES, HOWARD NAME STREET ADDRESS STREET ADDRESS 400 HAMILTON AVE. CITY-ST-ZIP CITY-ST-ZIP PALO ALTO CA 94301 TITI F ☐ Delete TITLE ☐ Change ☐ Addition D NAME NAME **EVANS, ROGER** STREET ADDRESS STREET ADDRESS 755 PAGE MILL ROAD, BLDG. A, SUITE 100 CITY-ST-ZIP PALO ALTO CA 94304 CITY-ST-ZIP TITLE ☐ Delete TITLE D ☐ Change ☐ Addition NAME MISRA, JAY NAME STREET ADDRESS STREET ADDRESS 31 RIVER COURT, #2603 CITY-ST-ZIP CITY-ST-ZIP JERSEY CITY NJ 07310 TITLE ☐ Delete TITLE Change ☐ Addition NAME SHAPERO, RICH NAME STREET ADDRESS STREET ADDRESS 2925 WOODSIDE ROAD CITY-ST-ZIP **WOODSIDE CA 94062** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME WAGNER, J. PETER **428 UNIVERSITY AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALO ALTO CA 94301 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

SIGNATURE:

FILED