

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004605

1. Entity Name

CONCENTRIC NETWORK CORPORATION

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90003 050 ***150.00

Principal Place of Business

Mailing Address

1400 PARKMOOR AVENUE
SAN JOSE CA 95126

1400 PARKMOOR AVENUE
SAN JOSE CA 95126-3429

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0257497

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

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

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, 2000 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 PD ☐ Delete
NAME NOTHAFT, HENRY R
STREET ADDRESS 14563 FRUITVALE AVENUE
CITY-ST-ZIP SARATOGA CA 95070

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

TITLE V ☐ Delete
NAME PETERS, JOHN K
STREET ADDRESS 19901 BUCKHAVEN LANE
CITY-ST-ZIP SARATOGA CA 95070

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

TITLE V ☐ Delete
NAME ANTHOFER, MICHAEL F
STREET ADDRESS 1046 HILL MEADOW PLACE
CITY-ST-ZIP DANVILLE CA 94526

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

TITLE S ☐ Delete
NAME BERGERON, PETER J
STREET ADDRESS 586 TORLAND COURT
CITY-ST-ZIP SUNNYVALE CA 94087

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

TITLE D ☐ Delete
NAME KHOSLA, VINOD
STREET ADDRESS 2750 SAND HILL ROAD
CITY-ST-ZIP MENLO PARK CA 94025

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

TITLE V ☐ Delete
NAME RIESCHEL, GARY
STREET ADDRESS 333 W. SAN CARLOS, SUITE 1225
CITY-ST-ZIP SAN JOSE CA 95110

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19/99