

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State
01-26-2001 90066 042 ***150.00

DOCUMENT # F99000004637

1. Entity Name
METRICOM, INC.

Principal Place of Business

**980 UNIVERSITY AVENUE
LOS GATOS CA 95032**

Mailing Address

**980 UNIVERSITY AVENUE
LOS GATOS CA 95032**

2. Principal Place of Business

333 West Julian Street
Suite, Apt. #, etc.

3. Mailing Address

333 West Julian Street
Suite, Apt. #, etc.

City & State

San Jose, CA 95110

City & State

San Jose, CA 95110

4. FEI Number

77-0294597

Applied For

Not Applicable

Zip
95110

Country
USA

Zip
95110

Country
USA

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 NAME STREET ADDRESS CITY-ST-ZIP	P DREISBACH, TIMOTHY A 980 UNIVERSITY AVENUE LOS GATOS CA 95032	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARQUART, DALE W 980 UNIVERSITY AVENUE LOS GATOS CA 95032	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO WALL, JAMES E 980 UNIVERSITY AVENUE LOS GATOS CA 95032	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILWORTH, ROBERT P 980 UNIVERSITY AVENUE LOS GATOS CA 95032	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLINE, ROBERT S 980 UNIVERSITY AVENUE LOS GATOS CA 95032	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERRICKSON, RALPH 980 UNIVERSITY AVENUE LOS GATOS CA 95032	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Glenn Estell 333 West Julian Street San Jose, CA 95110	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 West Julian Street San Jose, CA 95110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 West Julian Street San Jose, CA 95110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 West Julian Street San Jose, CA 95110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Timothy A. Dreisbach 333 West Julian Street San Jose, CA 95110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	333 West Julian Street San Jose, CA 95110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dale Marquart*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 15, 2001 (408) 282-3000

Date Daytime Phone #

CR2E034 (10/00)