

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # F99000004839**1. Entity Name
ONEPIPELINE.COM, INC.

Principal Place of Business

6322 SOUTH 3000 EAST
SUITE 200
SALT LAKE CITY
84121

UT

Mailing Address

6322 SOUTH 3000 EAST
SUITE 200
SALT LAKE CITY
84121

UT

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

87-0567008

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324

US

FL

7. Name and Address of New Registered Agent

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)

04/25/2001

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

TITLE	VPBD	<input type="checkbox"/> Delete
NAME	BROADBENT ROSS	
STREET ADDRESS	6322 SOUTH 3000 EAST, SUITE 200	
CITY-ST-ZIP	SALT LAKE CITY UT 84121	
TITLE	VPMB	<input type="checkbox"/> Delete
NAME	DOANE MAX	
STREET ADDRESS	6322 SOUTH 3000 EAST, SUITE 200	
CITY-ST-ZIP	SALT LAKE CITY UT 84121	
TITLE	CAOS	<input type="checkbox"/> Delete
NAME	HASSELL CHAD	
STREET ADDRESS	6322 SOUTH 3000 EAST, SUITE 200	
CITY-ST-ZIP	SALT LAKE CITY UT 84121	
TITLE	CEOP	<input type="checkbox"/> Delete
NAME	BROADBENT DAVID	
STREET ADDRESS	6322 SOUTH 3000 EAST, SUITE 200	
CITY-ST-ZIP	SALT LAKE CITY UT 84121	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROADBENT ROSS	
STREET ADDRESS	6322 SOUTH 3000 EAST, SUITE 200	
CITY-ST-ZIP	SALT LAKE CITY UT 84121	
TITLE	C	<input type="checkbox"/> Delete
NAME	BROADBENT DAVID	
STREET ADDRESS	6322 SOUTH 3000 EAST, SUITE 200	
CITY-ST-ZIP	SALT LAKE CITY UT 84121	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODINE PETER	
STREET ADDRESS	535 MIDDLEFIELD ROAD, SUITE 150	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDERSEN ROBERT	
STREET ADDRESS	2455 E. WALKER LANE	
CITY-ST-ZIP	SALT LAKE CITY UT 841117	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON JAMES	
STREET ADDRESS	6322 SOUTH 3000 EAST, SUITE 200	
CITY-ST-ZIP	SALT LAKE CITY UT 84121	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOANE MAX	
STREET ADDRESS	6322 SOUTH 3000 EAST, SUITE 200	
CITY-ST-ZIP	SALT LAKE CITY UT 84121	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASSELL CHAD R	
STREET ADDRESS	6322 SOUTH 3000 EAST, SUITE 200	
CITY-ST-ZIP	SALT LAKE CITY UT 84121	
TITLE	C/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROADBENT DAVID	
STREET ADDRESS	6322 SOUTH 3000 EAST, SUITE 200	
CITY-ST-ZIP	SALT LAKE CITY UT 84121	

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: CHAD R. HASSELL

S

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

NICOLAS P. RETSINAS, DIRECTOR
79 JOHN F. KENNEDY STREET
CAMBRIDGE, MA 02138

RUSSELL BOOTH, DIRECTOR
6995 UNION PARK CENTER, SUITE 250

MIDVALE, UT 84047

WILLIAM STEWART, DIRECTOR
535 MIDDLEFIELD ROAD, SUITE 150

MENLO PARK, CA 94025