## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 19, 2002 8:00 am Secretary of State DOCUMENT # F99000004927 1. Entity Name 02-19-2002 90016 035 \*\*\*150.00 GRASS VALLEY (US) INC. Principal Place of Business Mailing Address 400 PROVIDENCE MINE RD 400 PROVIDENCE MINE RD **NEVADA CITY CA 95959 NEVADA CITY CA 95959** 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 33-0871546 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition CR2E034 (9/01 TITLE □ Delete ☐ Change NAME THORSTEINSON, TIMOTHY NAME STREET ADDRESS 7046 WINTERWOOD DR STREET ADDRESS CITY-ST-ZIP **GRANITE BAY CA 95746** CITY-ST-ZIP (ACTING ☐ Change M Addition 🗶 Delete TITLE ST Gooding, Terence J NAME NAME DICORTI, PETER Lady's Sceret Drive STREET ADDRESS 4299 NORTH STAR DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SHINGLE SPRINGS CA 95682 TITLE - Change - Addition TITLE CD-□ Delete NAME NAME GOODING, TERENCE J STREET ADDRESS STREET ADDRESS 5959 LADY'S SECRET DRIVE CITY-ST-ZIP CITY-ST-ZIP RANCHO SANTA FE CA Change **▼**Addition TITLE ☐ Delete TITLE LOBERT Phillips NAME NAME JOHNSON, RUSSELL K 400 providence Mine Rd STREET ADDRESS STREET ADDRESS 9 ERICK COURT CITY-ST-ZIP CITY-ST-ZIP CHESTER NJ 07930 Delete ☐ Change **Addition** TITLE NAME NAME **NEITLING, LARRY** STREET ADDRESS STREET ADDRESS 16465 N.W. PUMPKIN RIDGE ROAD CITY-ST-ZIP CITY-ST-ZIP NORTH PLAINS OR 97133 ☐ Addition Delete TITLE TITLE. Gree WASChe WACHE, GREG NAME NAME STREET ADDRESS STREET ADDRESS 3217 FIR RIDGE ROAD CITY-ST-ZIP CITY-ST-7IP LAKE OSWEGO OR 97035 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

01/02

530-478-3763

Daytime Phone #

FILED