2001 UNIFORM BUSINESS REPORT (UED DOCUMENT # F9900005298 IMPROVENET, INC.				FILED Aug 31, 2001 8:00 an Secretary of State 08-31-2001 90116 014 ***550.00			
720 BAY ROA	ce of Business AD. SUITE 200 SITY CA 94063	Mailing Address 720 BAY ROAD, SUITE 200 REDWOOD CITY CA 94063			68111 88111 88180 18118 1818	1 11 3 11 1	
	Place of Business Odd STAD Drive . #, etc.	3. Mailing Address 1286 odd The Suite, Apt. #, etc.	A Prive	DO NOT WRITE	E IN THIS SPACE		
City & Sta	- 1	City & State	CA	4. FEI Number 77-0452868	Applied Not App		
9406	3 Country	ziq 4063	Country	5. Certificate of Status Desired	\$8.75 Additions	ıl	
TALLAHA	/S STREET SSEE FL 32301-2525 e named entity submits this statement for the statemen		1201 Citaura			<u> 2515</u>	
		After September 12, 2	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.0 Make Check Payable to Department of State		noing \$5.00 Ma	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	RECTORS	12.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOPER, RONALD 720 BAY ROAD, SUITE 200 REDWOOD CITY CA 94063	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐	CR2E034 (5/01)	
NAME Street address City-St-Zip	D ANKER, ANDREW 2480 SAND HILL ROAD, STE 101 MENLO PARK CA 94025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐	Addition S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUENER, GARRETT 720 BAY ROAD, SUITE 200 REDWOOD CITY CA 94063	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP	D GANNES, STUART 720 BAY ROAD, SUITE 200 REDWOOD CITY CA 94063	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐	Addition	
ITLE IAME TREET ADDRESS CITY-ST-ZIP	D KNIGHT, ALEX 1000 SECOND AVE SUITE 3700 SEATTLE WA 98107	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ .	Addition	

☐ Delete

TITLE

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:

☐ Change

707-328-3600

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STEVENS, ROBERT 720 BAY ROAD, SUITE 200 REDWOOD CITY CA 94063