

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90165 025 ***150.00

DOCUMENT # **F99000005376**

1. Entity Name
VYCERA COMMUNICATIONS, INC.



Principal Place of Business
**12750 HIGH BLUFF DRIVE
200
SAN DIEGO CA 92133**

Mailing Address
**12750 HIGH BLUFF DRIVE
200
SAN DIEGO CA 92133**

2. Principal Place of Business

3. Mailing Address

*Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **33-0659638**

Applied For
Not Applicable

Zip **92130**

Country

Zip **92130**

Country

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

6. Name and Address of Current Registered Agent

**HIQ CORPORATE SERVICES, INC.
526 EAST PARK AVE., SUITE 200
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GIETZEN, DEREK M**
STREET ADDRESS **11995 EL CAMINO REAL, SUITE 102**
CITY-ST-ZIP **SAN DIEGO CA 92024**

TITLE **DCFO** ☐ Delete
NAME **GIETZEN, THALIA R**
STREET ADDRESS **11995 EL CAMINO REAL, SUITE 102**
CITY-ST-ZIP **SAN DIEGO CA 92024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **GIETZEN, DEREK M.**
STREET ADDRESS **12750 HIGH BLUFF DR. #200**
CITY-ST-ZIP **SAN DIEGO, CA 92130**

TITLE **DCFO** ☒ Change ☐ Addition
NAME **GIETZEN, THALIA R.**
STREET ADDRESS **12750 HIGH BLUFF DR. #200**
CITY-ST-ZIP **SAN DIEGO, CA 92130**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **JOHN MC CARTIN**
STREET ADDRESS **12750 HIGH BLUFF DR. #200**
CITY-ST-ZIP **SAN DIEGO, CA 92130**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

858 792-2400

Date

Daytime Phone #

CR2E034 (10/02)