

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90079 050 ****61.25

DOCUMENT # F99000005694

1. Entity Name
NETAID FOUNDATION, INC.



Principal Place of Business

**267 FIFTH AVENUE
11TH FLOOR
NEW YORK NY 10016**

Mailing Address

**267 FIFTH AVENUE
11TH FLOOR
NEW YORK NY 10016**

90011951



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-3333928**

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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)

1/20/2003
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BELLAMY, CAROL**
STREET ADDRESS **THREE UN PLAZA**
CITY-ST-ZIP **NEW YORK NY 10017**

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

TITLE **D** ☐ Delete
NAME **BROWN, M M**
STREET ADDRESS **ONE UN PLAZA**
CITY-ST-ZIP **NEW YORK NY 10017**

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

TITLE **D** ☐ Delete
NAME **CAPELING-ALAKIA, SHARON**
STREET ADDRESS **POATFACH 26011**
CITY-ST-ZIP **BON GERMANY 53153**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **Bonn**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **JONES, QUINCY**
STREET ADDRESS **3800 BARHAM BLVD.**
CITY-ST-ZIP **LOS ANGELES CA 90069**

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

TITLE **D** ☐ Delete
NAME **LISTWIN, DON**
STREET ADDRESS **800 CHESAPEAKE DR**
CITY-ST-ZIP **REDWOOD CITY CA 94063**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **800 CHESAPEAKE DRIVE**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CHAMBERS, JOHN**
STREET ADDRESS **170 W TASMAN DR**
CITY-ST-ZIP **SAN JOSE CA 95134**

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 617, 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 OF REGISTERED AGENT

23 January 2003 2125370500

CR2E037 (10/02)