

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90040 023 ***150.00

DOCUMENT # F99000006054

1. Entity Name
COLO.COM, INC.

Principal Place of Business
**2000 SIERRA POINT PARKWAY
601
BRISBANE CA 94005**

Mailing Address
**2000 SIERRA POINT PARKWAY
601
BRISBANE CA 94005**



DO NOT WRITE IN THIS SPACE

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 **94-3272783**

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	SKIBO, CHARLES	
STREET ADDRESS	2000 SIERRA POINT PARKWAY	
CITY-ST-ZIP	BRISBANE CA 94005	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	LAMB, ROBERT	
STREET ADDRESS	2000 SIERRA POINT PARKWAY	
CITY-ST-ZIP	BRISBANE CA 94005	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ST. ONGE, DENISE	
STREET ADDRESS	2000 SIERRA POINT PARKWAY	
CITY-ST-ZIP	BRISBANE CA 94005	
TITLE	D	<input type="checkbox"/> Delete
NAME	HA, PERRY	
STREET ADDRESS	2000 SIERRA POINT PARKWAY	
CITY-ST-ZIP	BRISBANE CA 94005	
TITLE	D	<input type="checkbox"/> Delete
NAME	JARVE, JOHN	
STREET ADDRESS	2000 SIERRA POINT PARKWAY	
CITY-ST-ZIP	BRISBANE CA 94005	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, ARTHUR	
STREET ADDRESS	2000 SIERRA POINT PARKWAY	
CITY-ST-ZIP	BRISBANE CA 94005	

TITLE	President & COO (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Opet	
STREET ADDRESS	2000 Sierra Pt. Parkway #601	
CITY-ST-ZIP	Brisbane, CA 94005	
TITLE	CFO (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen Robertson	
STREET ADDRESS	2000 Sierra Pt. Parkway #601	
CITY-ST-ZIP	Brisbane, CA 94005	
TITLE	General Counsel & Sec (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David H. Stanley	
STREET ADDRESS	2000 Sierra Pt. Parkway #601	
CITY-ST-ZIP	Brisbane, CA 94005	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chairman of Board of Directors (C)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles M. Skibo	
STREET ADDRESS	2000 Sierra Pt. Parkway #601	
CITY-ST-ZIP	Brisbane, CA 94005	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

David H. Stanley

2/12/01

650-292-0292

CR2E034 (10/00)