

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 03, 2001 8:00 am
Secretary of State

04-02-2001 90301 017 ***150.00

DOCUMENT # F99000006200

1. Entity Name
VA LINUX SYSTEMS, INC.

Principal Place of Business Mailing Address
1380 BORDEAUX DRIVE 1380 BORDEAUX DRIVE
SUNNYVALE CA 94089 SUNNYVALE CA 94089

040234

2. Principal Place of Business 3. Mailing Address
47071 Bayside Parkway 47071 Bayside Parkway
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Fremont, CA Fremont, CA 77-0399299 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
94538 USA 94538 USA Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM Name _____
1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) _____
PLANTATION FL 33324 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 _____ (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. **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be
 (See criteria on back) Make Check Payable to Department of State -Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO AUGUSTIN, LARRY M 1380 BORDEAUX DRIVE SUNNYVALE CA 94089 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Larry M. Augustin 47071 Bayside Parkway Fremont, CA 94538 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO SCHULL, TODD 1380 BORDEAUX DRIVE SUNNYVALE CA 94089 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO Todd Schull 47071 Bayside Parkway Fremont, CA 94538 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BILES, BRIAN 1380 BORDEAUX DRIVE SUNNYVALE CA 94089 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALL, JOHN T 1380 BORDEAUX DRIVE SUNNYVALE CA 94089 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V John THall 47071 Bayside Parkway Fremont, CA 94538 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHORE, DANIEL 1380 BORDEAUX DRIVE SUNNYVALE CA 94089 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Daniel Shore 47071 Bayside Parkway Fremont, CA 94538 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/00)

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: *T. Schull*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01
 Date

Daytime Phone # _____