2001	UNIFO	RM	BUSINESS	REPORT	(UBR
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DOCUMENT # F9900006649

REDWOOD SYSTEMS, INC.

Principal Place of Business

C/O CONSOLODATED FREIGHTWAYS CORPORATION 175 LINFIELD DRIVE

MENLO PARK CA 94025-3799

Mailing Address

C/O CONSOLODATED FREIGHTWAYS CORPORATION

175 LINFIELD DRIVE

MENLO PARK CA 94025-3799

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2. Principal F			3. Mailing Ad	_		- -				
16400 SE CF WAY POB										
Suite, Apt. #, etc. Suite, Apt.		#, etc.			DO NOT WRITE IN THIS SPACE					
City & State VANCOUVER WA City & State VANCOUVER WA			OUVER WA		4.	FEI Number 94-3262817	Applied For Not Applicable			
Zip 98	3683	Country VSA	98681	-1570	Count	A	5.	Certificate of Status Desired	\$8.75 Add	
	6. Name	and Address of Current	Registered Age	nt			7.	Name and Address of New Regi	stered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525					Street A	ddress (P.O. I	Box Number is Not Acceptable)			
						City			FL Zip Cod	e
8. The above	named entity	submits this statement fo	r the purpose of	changing its i	registere	d office o	registered ag	gent, or both, in the State of Florida) .	
SIGNATURE .										{
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE:	: Registered	Agent signat	are required when re	einstating)	DATE	
Tax filing requirement and elects to do so After			ILE NOW!! MAY 1, 200 leck Payabl)1 Fee v	vill be \$	50.00	Election Campaign Financ Trust Fund Contribution.	· _ +0.0	May Be	
11.		OFFICERS AND	DIRECTORS		12.		AC	DDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11
TITLE	VD		¢	Delete	TITLE				🔀 Change	☐ Addition
NAME	GUSTAVS				NAME		11.2100	•		
STREET ADDRESS CITY-ST-ZIP	175 LINFIE				STREE CITY-S	ADDRESS		E CFWM1		}
	SD SD	NRK CA 94025-3799			-			IVER WA 98683		Addition .
NAME	FITCH, MA	RVI A D	LU İ	Delete	TITLE		ASD		Change	☐ Addition
STREET ADDRESS	175 LINFIE					ADDRESS	HALIPPO S	is coway		
CITY-ST-ZIP	ľ	ARK CA 94025-3799	1		CITY-S			VER WA 98683		ľ
TITLE	TD			Delete	TITLE		H		☐ Change	Addition
NAME	BHARDWA	J, SUNIL	Ĩ	001010	NAME		MORGA	N, KERRY K.		
STREET ADDRESS	175 LINFIE	LD DRIVE			STREET	ADDRESS	16400	SE CFWAY		ľ
CITY-ST-ZIP	MENLO PA	NRK CA 94025-3799			CITY-S	T-ZIP		UVER WA 98683		}
TITLE	VASD			Delete	TITLE			- <u></u> -	☑ Change	Addition
NAME		, stephen d	ļ		NAME			_		}
STREET ADDRESS	175 LINFIE					ADORESS	14400	se crway		
CITY-ST-ZIP		RK CA 94025-3799			CITY-S	T-ZIP		WER WA 98683		
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NAME		ON, ROBERT É			NAME					
STREET ADDRESS CITY-ST-ZIP	175 LINFIE	LD URIVE IRK CA 94025-3799			STREET CITY-S	ADDRESS	16400	SE CFWAY		
	MENLU PA	INN UM 94020-3/99			+			VER WA 98683		
TITLE			Ψ	Delete	TITLE		CPD	0.0	☐ Change	Addition
NAME STREET ADDRESS					NAME	ADDDECC	Rryke,	PATRICK H.		
CITY-ST-ZIP					CITY-S	ADDRESS T-7IP	16400	se cfuay wer wa 98683		
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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 attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR