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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000000614

1. Entity Name
GUPTA TECHNOLOGIES, LLC

Principal Place of Business	Mailing Address
975 ISLAND DRIVE REDWOOD SHORES, CA 94065	2049 CENTURY PARK EAST, SUITE 2700 LOS ANGELES, CA 90067

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 52-2292594 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 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. 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 $50.00 Make Check Payable to Florida Department of State Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NONE, NONE		NAME		
STREET ADDRESS	NONE		STREET ADDRESS		
CITY-ST-ZIP	NONE, NO NONE		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NONE, NONE		NAME		
STREET ADDRESS	NONE		STREET ADDRESS		
CITY-ST-ZIP	NONE, NO NONE		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NONE, NONE		NAME		
STREET ADDRESS	NONE		STREET ADDRESS		
CITY-ST-ZIP	NONE, NO NONE		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KALAWSKI, EVA M		NAME		
STREET ADDRESS	2049 CENTURY PARK EAST, SUITE 2700		STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES, CA 90067		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NONE, NONE		NAME		
STREET ADDRESS	NONE		STREET ADDRESS		
CITY-ST-ZIP	NONE, NO NONE		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NONE, NONE		NAME		
STREET ADDRESS	NONE		STREET ADDRESS		
CITY-ST-ZIP	NONE, NO NONE		CITY-ST-ZIP		

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06/02/03--01071--002 **50.00

CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 5/20/03 310-712-1850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Mark Reader, Asst Treasurer