

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001430

1. Entity Name

COMMERCIALREVOLUTION LLC

FILED

01 JAN 22 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5963 LA PLACE, SUITE 300  
CARLSBAD CA 92008

Mailing Address

5963 LA PLACE, SUITE 300  
CARLSBAD CA 92008

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

74-2875584

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

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.

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 Department of State

900003590679--2  
-01/29/01--01012--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME FURSTEIN, MARC KEITH  
STREET ADDRESS 5963 LA PLACE, SUITE 300  
CITY-ST-ZIP CARLSBAD CA 92008

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

TITLE MGR ☐ Delete  
NAME NOBLE, JAMES KENDRICK III  
STREET ADDRESS 5963 LA PLACE, SUITE 300  
CITY-ST-ZIP CARLSBAD CA 92008

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

TITLE MGR ☐ Delete  
NAME SHREWSBERRY, JOHN RICHARD  
STREET ADDRESS 5963 LA PLACE, SUITE 300  
CITY-ST-ZIP CARLSBAD CA 92008

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

TITLE MGR ☐ Delete  
NAME TREFETHEN, WILLIAM VINCENT  
STREET ADDRESS 5963 LA PLACE, SUITE 300  
CITY-ST-ZIP CARLSBAD CA 92008

TITLE Manager ☒ Change ☐ Addition  
NAME Saturnino Fanlo  
STREET ADDRESS 555 Montgomery Street, 10th Floor  
CITY-ST-ZIP San Francisco, CA 94111

TITLE MGR ☒ Delete  
NAME SLOAN, TIMOTHY J  
STREET ADDRESS 5963 LA PLACE, SUITE 300  
CITY-ST-ZIP CARLSBAD CA 92008

TITLE Manager ☐ Change ☒ Addition  
NAME Greg Elminger  
STREET ADDRESS 555 Montgomery Street, 10th Floor  
CITY-ST-ZIP San Francisco, CA 94111

TITLE MGR ☒ Delete  
NAME FANLO, SATURNINO  
STREET ADDRESS 5963 LA PLACE, SUITE 300  
CITY-ST-ZIP CARLSBAD CA 92008

TITLE Manager ☐ Change ☒ Addition  
NAME John Walbridge  
STREET ADDRESS 555 Montgomery Street, 10th Floor  
CITY-ST-ZIP San Francisco, CA 94111

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: *James Kendrick Noble III*  
James Kendrick Noble III  
Manager

1/9/01 (760) 918-2776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)