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Jun 13, 2003 8:00 am
Secretary of State

05-15-2003 90015 008 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

51

DOCUMENT # *M99000000712*

1. Entity Name

Globe Wireless, LLC



DO NOT WRITE IN THIS SPACE

44004234

2. Principal Place of Business

550 Pilgrim Drive

Suite, Apt. #, etc.

3. Mailing Address

550 Pilgrim Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Foster City, CA

City & State

Foster City, CA

4. FEI Number

52-2165183

Applied For

Not Applicable

Zip

94404

Country

Zip

94404

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *NRAI SERVICES, INC.*

Street Address (P.O. Box Number is Not Acceptable)

526 PARK AVENUE

City

TAMPAHASSER

FL

Zip Code

32201

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE *MGRM Kenneth E. Jones*
NAME *c/o Globe Wireless LLC*
STREET ADDRESS *550 Pilgrim Drive*
CITY-ST-ZIP *Foster City, CA 94404*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *MGRM Ran Blank*
NAME *c/o Globe Wireless LLC*
STREET ADDRESS *550 Pilgrim Drive*
CITY-ST-ZIP *Foster City, CA 94404*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *MGRM Charles L. Fabrikant*
NAME *c/o Globe Wireless LLC*
STREET ADDRESS *550 Pilgrim Drive*
CITY-ST-ZIP *Foster City, CA 94404*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *MGRM Rodney Lenthall*
NAME *c/o Globe Wireless LLC*
STREET ADDRESS *550 Pilgrim Drive*
CITY-ST-ZIP *Foster City, CA 94404*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *MGRM Greg Avis*
NAME *c/o Globe Wireless LLC*
STREET ADDRESS *550 Pilgrim Drive*
CITY-ST-ZIP *Foster City, CA 94404*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *MGRM William Priest*
NAME *c/o Globe Wireless LLC*
STREET ADDRESS *550 Pilgrim Drive*
CITY-ST-ZIP *Foster City, CA 94404*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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: *X*

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

4/3/2003

Date

(650)372-2650

Daytime Phone

CR2E083B (12/02)