

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 28 1997 8:00am
Secretary of State

DOCUMENT # P10636

(9)

1. Corporation Name
FLEET FIVE, INC.

Principal Place of Business

3000 HANOVER STREET
PALO ALTO CA 94304

Mailing Address

3000 HANOVER STREET
PALO ALTO CA 94304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1986

3a. Date of Last Report

03/20/1996

4. FEI Number

77-0072329

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Joel Pipe JOEL PIPE, T. JR.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME MCKELVEY, THOAMS R
STREET ADDRESS 8133 PARK VILLA CIRCLE
CITY-ST-ZIP CUPERTINO CA

TITLE S ☐ DELETE
NAME BASKINS, ANN O.
STREET ADDRESS 525 SAINT FRANCIS PLACE
CITY-ST-ZIP MENLO PARK CA

TITLE T ☐ DELETE
NAME PIPE, JOEL
STREET ADDRESS 10423 CHISOLM AVENUE
CITY-ST-ZIP CUPERTINO CA

TITLE V ☐ DELETE
NAME EZRATI, LESTER
STREET ADDRESS 340 BARBARA WAY
CITY-ST-ZIP HILLSBOROUGH CA

TITLE D ☐ DELETE
NAME WAYMAN, ROBERT P.
STREET ADDRESS 11975 MURIETTA LANE
CITY-ST-ZIP LOS ALTOS HILLS CA

TITLE D ☐ DELETE
NAME MCLEAN, GORDON D
STREET ADDRESS 621 MANRESA LANE
CITY-ST-ZIP PORTOLA VALLEY CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Joel Pipe* REQUIRED JOEL PIPE 7-15-97 (415) 857-7791

CR2E034 (4/97)