

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90082 040 ***150.00

DOCUMENT # P10636

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

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

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
NAME MCKELVEY, THOMAS R
STREET ADDRESS 8133 PARK VILLA CIRCLE
CITY-ST-ZIP CUPERTINO CA 95014 ☒ DELETE

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

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

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

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME POORE, C.R., JR.
1.3 STREET ADDRESS 164 OAK VIEW LANE
1.4 CITY-ST-ZIP HELENA, AL. 35080

2.1 TITLE DIRECTOR ☐ Change ☒ Addition
2.2 NAME MCKELVEY THOMAS
2.3 STREET ADDRESS 8133 PARK VILLA CIRCLE
2.4 CITY-ST-ZIP CUPERTINO, CA. 95014

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Joel G. Pipe JOEL G. PIPE, TREASURER 1-11-99 (650) 857-2784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

0055404