

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10636

1. Entity Name

FLEET FIVE, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90292 025 ***150.00

Principal Place of Business

Mailing Address

3000 HANOVER STREET
PALO ALTO CA 94304

3000 HANOVER STREET
PALO ALTO CA 94304-1112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

77-0072329

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS POORE, C R JR
CITY-ST-ZIP 164 OAK VIEW LANE
HELENA AL 35080

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

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

TITLE ☒ Change ☐ Addition
NAME S
STREET ADDRESS Ann O. Baskins
CITY-ST-ZIP 1720 Stanford Court
Menlo Park, CA 94025

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Robert P. Wayman
CITY-ST-ZIP 26220 Moody Road
Los Altos Hills, CA 94022

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

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS William C. Olsen
CITY-ST-ZIP 2101 Gaither Road
Rockville, MD 20850

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joel Pipe Joel Pipe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00 (650) 857-2784
Date Daytime Phone #

CR2E034 (9/99)