FILED

**Secretary of State** 

03-13-2001 90069 048 \*\*\*150.00

## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P10636

1. Entity Name

FLEET FIVE, INC.

Principal Place of Business Mailing Address 3000 HANOVER STREET 3000 HANOVER STREET PALO ALTO CA 94304 PALO ALTO CA 94304 2. Principal Place of Business 3. Mailing Address 1501 Page Mill Rd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MS 1004 City & State City & State Applied For 4. FEI Number 77-0072329 Palo Alto, CA Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 94304 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change Addition POORE, C R JR NAME NAME 164 OAK VIEW LANE STREET ADDRESS STREET ADDRESS HELENA AL 35080 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Channe Addition BASKINS, ANN O. NAME NAME 1720 STANFORD COURT STREET ADDRESS STREET ADDRESS **MENLO PARK CA 94025** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Defete TITLE PIPE, JOEL -NAME ---NAME D'Ann Darling 10423 CHISOLM AVENUE STREET ADDRESS STREET ADDRESS 590 Ashton Palo Alto, Ca 94304 CITY-ST-ZIP **CUPERTINO CA** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition EZRATI, LESTER NAME 340 BARBARA WAY STREET ADDRESS STREET ADDRESS HILLSBOROUGH CA CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WAYMAN, ROBERT P. NAME NAME

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 line empowered.

FICER OR DIRECTOR

SIGNATURES

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

26220 MOODY ROAD

LOS ALTOS CA 94022

OLSEN, WILLIAM C

2101 GAITHER ROAD

**ROCKVILLE MD 20850** 

D'Ann Darling Treasurer

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

3/6/2001

650-857-8857

Change

☐ Addition

Daytime Phone #