

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14110

1. Entity Name  
SHARPER IMAGE CORPORATION

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
05-06-2002 90016 004 \*\*\*158.75

Principal Place of Business Mailing Address  
650 DAVIS STREET 650 DAVIS STREET  
SAN FRANCISCO CA 94111 SAN FRANCISCO CA 94111

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 94-2493558 Applied For Not Applicable

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, 2002 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 SV  
NAME JACOBSEN, BARRY  
STREET ADDRESS 650 DAVIS STREET  
CITY-ST-ZIP SAN FRANCISCO CA ☐ Delete

TITLE NAME  
NAME See attached list for add'l  
STREET ADDRESS officers & directors  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME THALHEIMER, ALAN  
STREET ADDRESS 650 DAVIS STREET  
CITY-ST-ZIP SAN FRANCISCO CA ☐ Delete

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

TITLE P  
NAME WAN, TRACY  
STREET ADDRESS 650 DAVIS ST  
CITY-ST-ZIP SAN FRANCISCO CA ☐ Delete

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

TITLE VP  
NAME PINTANE, ROBERT  
STREET ADDRESS 650 DAVIS ST  
CITY-ST-ZIP SAN FRANCISCO CA 94111 ☐ Delete

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

TITLE SVP  
NAME TRAIBEAUX, CRAIG  
STREET ADDRESS 650 DAVIS ST  
CITY-ST-ZIP SAN FRANCISCO CA 94111 ☐ Delete

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

TITLE VMPA  
NAME FEROE, WILLIAM  
STREET ADDRESS 650 DAVIS ST  
CITY-ST-ZIP SAN FRANCISCO CA 94111 ☐ Delete

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

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: *Karen L. Luey* 4/15/02 (415) 445-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)