

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14844

1. Entity Name

BUSINESS WIRE, A CORPORATION

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90028 030 ***550.00

Principal Place of Business

Mailing Address

44 MONTGOMERY ST
39TH FLOOR
SAN FRANCISCO CA 94104
US

44 MONTGOMERY STREET
39TH FLOOR
SAN FRANCISCO CA 94104-4602
US

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

94-1679585

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, 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 PD ☐ Delete
NAME LOKEY, LORRY
STREET ADDRESS 63 SELBY LN
CITY-ST-ZIP AHERTON CA

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

TITLE VD ☐ Delete
NAME VITORELO, THERESA
STREET ADDRESS 2241 VINEYARD RD.
CITY-ST-ZIP NOVATO CA

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

TITLE VD ☐ Delete
NAME LISSAUER, MICHAEL
STREET ADDRESS 29 DEVONSHIRE CT.
CITY-ST-ZIP PLAINVIEW NY

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

TITLE VD ☐ Delete
NAME TAMRAZ, CATHY BARON
STREET ADDRESS 6545 NORTHERN BLVD.
CITY-ST-ZIP EAST NORWICH NY

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

TITLE DT ☐ Delete
NAME CUMMINGS, CONSTANCE
STREET ADDRESS 1005 ALAMEDA DELAS PULGAS
CITY-ST-ZIP SAN MATEO CA

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

TITLE SD ☐ Delete
NAME LOKEY, ANN
STREET ADDRESS 1440 FLORIBUNDA AVENUE, #104
CITY-ST-ZIP BURLINGME CA

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)