

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91485 008 ***150.00

DOCUMENT # P14844

1. Entity Name

BUSINESS WIRE, A CORPORATION

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

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

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

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

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

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

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

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

TITLE SD
 NAME LOKEY, ANN
 STREET ADDRESS 789 WILLBOROUGH ROAD
 CITY-ST-ZIP BURLINGME CA ☐ Delete

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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 REQUIRED
 CONSTANCE CUMMINGS 4/18/02

Date

Daytime Phone #

CR2E034 (9/01)