

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P16152 (1)

1. Corporation Name

BRICKELL DELAWARE, INC.



Principal Place of Business

255 SHORELINE DRIVE
SUITE 600
REDWOOD CITY CA 94065

Mailing Address

255 SHORELINE DRIVE
SUITE 600
REDWOOD CITY CA 94065

3. Date Incorporated or Qualified

09/29/1987

3a. Date of Last Report

03/02/1995

4. FEI Number

94-3050149

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME CARP, MICHAEL
STREET ADDRESS 255 SHORELINE DRIVE, #600
CITY-ST-ZIP REDWOOD CITY CA 94065

TITLE ☐ DELETE

NAME GAMELIN, PAUL
STREET ADDRESS 255 SHORLINE DRIVE
CITY-ST-ZIP REDWOOD CITY CA 94065

TITLE ☒ DELETE

NAME MEASE, ELIZABETH
STREET ADDRESS 255 SHORELINE DR #600
CITY-ST-ZIP REDWOOD CITY CA

TITLE ☒ DELETE

NAME NG, SIEW BOON
STREET ADDRESS 250 NORTH BRIDGE RD 33-00
CITY-ST-ZIP REDWOOD CITY SI

TITLE ☐ DELETE

NAME CHILD, S, BRADFORD
STREET ADDRESS 255 SHORELINE DR #600
CITY-ST-ZIP REDWOOD CITY CA 94065

TITLE ☒ DELETE

NAME GAMELIN, PAUL A.
STREET ADDRESS 255 SHORELINE DR STE 600
CITY-ST-ZIP REDWOOD CITY CA

1.1 TITLE

Director/VP

☐ Change

☒ Addition

1.2 NAME

Kent Goodwin

1.3 STREET ADDRESS

255 Shoreline Dr, Ste 600

1.4 CITY-ST-ZIP

Redwood City, CA 94065

2.1 TITLE

Director/VP

☐ Change

☒ Addition

2.2 NAME

Guy Teneau

2.3 STREET ADDRESS

255 Shoreline Dr, Ste 600

2.4 CITY-ST-ZIP

Redwood City CA 94065

3.1 TITLE

Secretary

☒ Change

☐ Addition

3.2 NAME

Rekha Patel

3.3 STREET ADDRESS

255 Shoreline Dr, Ste 600

3.4 CITY-ST-ZIP

Redwood City, CA 94065

4.1 TITLE

Director

☐ Change

☒ Addition

4.2 NAME

Bernard Phang

4.3 STREET ADDRESS

255 Shoreline Dr, Ste 600

4.4 CITY-ST-ZIP

Redwood City CA 94065

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100001814981

-05/09/96--01063--805

***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rekha Patel

1/19/96

45593-3100

Date

Daytime Phone

CR2E034 (12/95)