

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19491

1. Entity Name

FILENET CORPORATION

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90385 034 ***150.00

Principal Place of Business

Mailing Address

3565 HARBOR BLVD.
COSTA MESA CA 92626

3565 HARBOR BLVD.
COSTA MESA CA 92626-1405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-3757924

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301

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 VS
NAME ST. CLARE, MARK S.
STREET ADDRESS 3565 HARBOR BLVD
CITY-ST-ZIP COSTA MESA CA ☐ Delete

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

TITLE V
NAME WADDINGTON, B S
STREET ADDRESS 3565 HARBOR BLVD.
CITY-ST-ZIP COSTA MESA CA ☐ Delete

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

TITLE CAO
NAME COLBECK, BRAIN A
STREET ADDRESS 3565 HARBOR BLVD
CITY-ST-ZIP COSTA MESA CA 92626 ☐ Delete

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

TITLE PCD
NAME SMITH, THEODORE J.
STREET ADDRESS 3565 HARBOR BLVD
CITY-ST-ZIP COASTA MESA CA ☐ Delete

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

TITLE V
NAME ROBERTS, LEE
STREET ADDRESS 3565 HARBOR BLVD
CITY-ST-ZIP COSTA MESA CA ☐ Delete

TITLE
NAME
STREET ADDRESS 720 4TH AVE, SUITE 100
CITY-ST-ZIP KIRKLAND, WA 98033 ☒ Change ☐ Addition

TITLE SGC
NAME CARRINGTON, MARY K
STREET ADDRESS 3565 HARBOR BLVD
CITY-ST-ZIP COSTA MESA CA 92626 ☐ Delete

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN A. COLBECK, 4-25-00 (714) 327-3400

Date

Daytime Phone #

CR2E034 (9/99)