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FILED

May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P24657

(9)

1. Corporation Name

ONE HARBOUR 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 94065-1404



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/09/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

94-3094331

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GAMLIN, PAUL A.	
STREET ADDRESS	255 SHORELINE DR STE 600	
CITY - ST - ZIP	REDWOOD CITY CA 94065	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GOODWIN, KENT	
STREET ADDRESS	255 SHORELINE DR STE 600	
CITY - ST - ZIP	REDWOOD CITY CA 94065	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CARP, MICHAEL	
STREET ADDRESS	255 SHORELINE DR #600	
CITY - ST - ZIP	REDWOOD CITY CA 94065	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CHILD, S. BRADFORD	
STREET ADDRESS	255 SHORELINE DR #600	
CITY - ST - ZIP	REDWOOD CITY CA 94065	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PATEL, REKHA	
STREET ADDRESS	255 SHORELINE DR #600	
CITY - ST - ZIP	REDWOOD CITY CA	
TITLE	VPD - VP	<input type="checkbox"/> DELETE
NAME	TCHEAU, GUY	
STREET ADDRESS	255 SHORELINE DR #600	
CITY - ST - ZIP	REDWOOD CITY CA 94065	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/97

4055933100

CR2E034 (9/96)