

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27, 1999 8:00 am
Secretary of State
07-27-1999 90016 003 ***450.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P24657

1. Corporation Name
ONE HARBOUR DELAWARE, INC.

Principal Place of Business
255 SHORELINE DR., STE 600
REDWOOD CITY CA 94065

Mailing Address
255 SHORELINE DR., STE 600
REDWOOD CITY CA 94065



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/09/1989

4. FEI Number
94-3094331

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 owes the current year Intangible Personal Property. ☐ 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	TD	<input type="checkbox"/> DELETE
NAME	CARP, MICHAEL	
STREET ADDRESS	255 SHORELINE DR., STE 600	
CITY-STATE-ZIP	REDWOOD CITY CA 94065	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CHILD, S. BRADFORD	
STREET ADDRESS	255 SHORELINE DR., STE 600	
CITY-STATE-ZIP	REDWOOD CITY CA 94065	
TITLE	S/SVP	<input type="checkbox"/> DELETE
NAME	PATEL, REKHA	
STREET ADDRESS	255 SHORELINE DR., STE 600	
CITY-STATE-ZIP	REDWOOD CITY CA 94065	
TITLE	VP P	<input type="checkbox"/> DELETE
NAME	TCHEAU, GUY	
STREET ADDRESS	255 SHORELINE DR., STE 600	
CITY-STATE-ZIP	REDWOOD CITY CA 94065	
TITLE	DVP SVP	<input type="checkbox"/> DELETE
NAME	GREGORY JOHNSON	
STREET ADDRESS	255 SHORELINE DR., STE 600	
CITY-STATE-ZIP	REDWOOD CITY CA 94065	
TITLE	DVP SVP	<input type="checkbox"/> DELETE
NAME	SCOTT PETERSON	
STREET ADDRESS	255 SHORELINE DR., STE 600	
CITY-STATE-ZIP	REDWOOD CITY CA 94065	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR/SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TIA S. MIYAMOTO	
1.3 STREET ADDRESS	255 SHORELINE DRIVE, SUITE 600	
1.4 CITY-STATE-ZIP	REDWOOD CITY, CA 94065	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. 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 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 REQUIRED

CR2E034 (5/99)