

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31462

1. Entity Name
OOCL \USA\ INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90066 029 ***150.00

Principal Place of Business
4141 HACIENDA DRIVE
PLEASANTON CA 94588

Mailing Address
4141 HACIENDA DRIVE
PLEASANTON CA 94588

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2633 Camino Ramon Ste 400

Suite, Apt. #, etc.

City & State

San Ramon, CA 94583

City & State

Zip

Country

Zip

Country

4. FEI Number 13-4934630

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
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, 2001 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 NAME P
CHOW, PHILIP
STREET ADDRESS 4141 HACIENDA DRIVE
CITY-ST-ZIP PLEASANTON CA ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 2633 Camino Ramon ste 400
CITY-ST-ZIP San Ramon, CA 94583

TITLE NAME V
HAU, T. F.
STREET ADDRESS 4141 HACIENDA DRIVE
CITY-ST-ZIP PLEASANTON CA ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS As same as above
CITY-ST-ZIP

TITLE NAME ST
CHIU, P.W.
STREET ADDRESS 4141 HACIENDA DRIVE
CITY-ST-ZIP PLEASANTON CA 94588 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS As same as above
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

Adam P W Chiu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(925) 358-6318
Date 4/10/2001 Daytime Phone #

CR2E034 (10/00)