

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90376 042 ***150.00

DOCUMENT # P31462

1. Entity Name
OOCL (USA) INC.

Principal Place of Business

**2633 CAMINO RAMON
 SUITE 400
 SAN RAMON CA 94583**

Mailing Address

**4141 HACIENDA DRIVE
 PLEASANTON CA 94588**

2. Principal Place of Business

3. Mailing Address

P O BOX 5100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
San Ramon, CA

4. FEI Number

13-4934630

Applied For

Not Applicable

Zip

Country

Zip

Country

94583

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 reinstalling)

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, 2002 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 **P** ☐ Delete
 NAME **CHOW, PHILIP**
 STREET ADDRESS **2633 CAMINO RAMON, STE. 400**
 CITY-ST-ZIP **SAN RAMON CA 94583**

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

TITLE **V** ☐ Delete
 NAME **HAU, T. F.**
 STREET ADDRESS **2633 CAMINO RAMON STE 400**
 CITY-ST-ZIP **SAN RAMON CA 94583**

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

TITLE **ST** ☐ Delete
 NAME **CHIU, P.W.**
 STREET ADDRESS **2633 CAMINO RAMON STE 400**
 CITY-ST-ZIP **SAN RAMON CA 94583**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(925) 358-6318

Daytime Phone #

CR2E034 (9/01)