			ATION T (UBR)	FILED Jun 05, 2003 8:00 am Secretary of State
1. Entity Nan	MENT # P3562	0		06-05-2003 90132 032 ***150.00
Principal Plac 6311 SAN IGN SAN JOSE CA		Mailing Address 6311 SAN IGNACIO AVE. SAN JOSE CA 95119		A KADUDAL KET KUAL AKAD AKUT UKKA AKUT ATAU ATAU ATAU AKAT AKAT
2. Principal F	Place of Rusiness San Finacio Ave	3. Mailing Address San Ignac	a Ave	
Suite, Apt.	#, etc. U	Attn: D Mc	Intere	
City & Stat	Jose, CA	San Jose		4. FEI Number 77-0109993 Applied For Not Applicable
95119		210 195119	USA	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
LESNIAK, RONALD 550 NORTH RED STREET, #300 TAMPA FL 33609				S(PO. Box Number is Not Acceptable) West MULLEN AVENUE
	(		City Ta	mpa FL Zip Code
	e named entity submits this statement fo tions of registered agent.	Vilyo	registered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accept 5/27/03 ired when reinstating) DATE
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution: Added to Fees
<b>10.</b> TITLE	OFFICERS AND	DIRECTORS	11. TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME _ STREET ADDRESS CITY-ST-ZIP	LESNIAK, RONALD S. 6311 SAN IGNACIO AVE SAN JOSE CA		NAME STREET ADDRESS CITY-ST-ZIP	Change 🗋 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO JONES, RICHARD B 6311 SAN IGNACIO AVENUE SAN JOSE CA 95119	C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗋 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
or the cor	or on an attachment with an address, v	wered to execute this report a vith all other like empowered.	as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNAT		THE DIAME OF SIGNING OFFICER O		ES 5-27-03 408-363-3100 Date Datyline Phone #



90138668

May 27, 2003

DIVISION OF CORPORATIONS Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir or Madam:

I have enclosed our UBR Form along with a check for \$150.00. I have not included the penalty of \$400.00 with this payment, as I just received the forms on Thursday, May 22, 2003. I cannot explain the delay in my receiving this information, except that we have had some major changes in headcount and personnel. I would appreciate your understanding on this issue this once.

To prevent this from happening again, I have altered the mailing address to include my name so that this will come directly to me in the future. Thank you again for your help and understanding in this situation. If you need to contact me directly, please call (408) 574-2613.

Sincerely,

Donna McIntyre Accounting Manager

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