

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000013598

FILED  
Sep 10, 2003  
Secretary of State

Entity Name: EXCALIBUR NETWORKS, INC.

## Current Principal Place of Business:

3722 LONGFORD CIR.  
ORMOND BEACH, FL 32174 US

## New Principal Place of Business:

17 GALE LANE  
ORMOND BEACH, FL 32174 US

## Current Mailing Address:

3722 LONGFORD CIR.  
3722 LONGFORD CIR.  
ORMOND BEACH, FL 32174 US

## New Mailing Address:

17 GALE LANE  
ORMOND BEACH, FL 32174 US

FEI Number: 59-3228375

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KELLY, PATRICIA J  
3722 LONGFORD CIR.  
ORMOND BEACH, FL 32174 US

## Name and Address of New Registered Agent:

KELLY, PATRICIA J  
17 GALE LANE  
ORMOND BEACH, FL 32174 US

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:

09/10/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: KELLY, PATRICIA J  
Address: 3722 LONGFORD CIR.  
City-St-Zip: ORMOND BEACH, FL

Title: V ( ) Delete  
Name: POUNDS, KATHLEEN  
Address: 3722 LONGFORD CIR.  
City-St-Zip: ORMOND BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: KELLY, PATRICIA J  
Address: 17 GALE LANE  
City-St-Zip: ORMOND BEACH, FL

Title: V (X) Change ( ) Addition  
Name: POUNDS, KATHLEEN  
Address: 17 GALE LANE  
City-St-Zip: ORMOND BEACH, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN POUNDS

VP

09/10/2003

Electronic Signature of Signing Officer or Director

Date