

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075280

1. Entity Name
XIAN, INC.

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90198 044 ***150.00

Principal Place of Business
8895 N. MILITARY TRAIL
SUITE E-201
PALM BEACH GARDNES FL 33410

Mailing Address
8895 N. MILITARY TRAIL
SUITE E-201
PALM BEACH GARDNES FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0692377

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

MCDONALD, DONNA
8895 N. MILITARY TRAIL
SUITE E-201
PALM BEACH GARDNES FL 33410

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, 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 PD
NAME WILLIAMS, RALPH V
STREET ADDRESS 520 SILICON DRIVE
CITY-ST-ZIP SOUTHLAKE TX 76092 ☐ Delete

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

TITLE VP
NAME WOODWARD, BRUCE P
STREET ADDRESS 520 SILICON DRIVE
CITY-ST-ZIP SOUTHLAKE TX 76092 ☐ Delete

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

TITLE VP
NAME MOORE, LISA G
STREET ADDRESS 8895 N. MILITARY TRAIL SUITE E-201
CITY-ST-ZIP PALM BEACH GARDNES FL 33410 ☐ Delete

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

TITLE S
NAME MCDONALD, DONNA
STREET ADDRESS 8895 N. MILITARY TRAIL SUITE E-201
CITY-ST-ZIP PALM BEACH GARDNES FL 33410 ☐ Delete

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

TITLE AS
NAME FREDHOLM, CAROLYN
STREET ADDRESS 520 SILICON DRIVE
CITY-ST-ZIP SOUTHLAKE TX 76092 ☐ 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

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: Donna McDonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02 561-624-5888

Date

Daytime Phone #

CR2E034 (9/01)