

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P96000080560**1. Entity Name  
WINVISTA CORPORATION

Principal Place of Business	Mailing Address
1 SOUTH OCEAN BLVD STE 201 BOCA RATON 33432 US	6700 KOLL CENTER PARKWAY 140 PLEASANTON 94566 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	4155 BLACKHAWK PLAZA CIRCLE SUITE 200

City & State	City & State
Zip	Country
94506	US

4. FEI Number  
**65-0767599**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**BRYN MARK J  
2 S. BISCAYNE BLVD.  
SUITE 3599  
MIAMI  
33131  
US**7. Name and Address of New Registered Agent**Name  
BRYN MARK J  
Street Address (P.O. Box Number is Not Acceptable)  
2 S. BISCAYNE BLVD.  
SUITE 2690  
City  
MIAMI  
FL  
Zip Code  
33131

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 \_\_\_\_\_ **04/24/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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**

TITLE	D	<input type="checkbox"/> Delete
NAME	STACK ED	
STREET ADDRESS	VENTURE TECH 52-54 HIGH HOLBOM 6TH FL	
CITY-ST-ZIP	LONDON UK EC1Y4	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSHER MARK E	
STREET ADDRESS	VENTURE TECH 52-54 HIGH HOLBORN 6TH FLOOR	
CITY-ST-ZIP	LONDON UK WC1V6	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEST ANTONETTE	
STREET ADDRESS	6700 KOLLCENTER PARKWAY STE 140	
CITY-ST-ZIP	PLEASANTON CA 94566	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEONARD WAYNE	
STREET ADDRESS	ONE SOUTH OCEAN BLVD, STE 201	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	TIELENS STEVEN	
STREET ADDRESS	1 S. OCEAN BLVD. STE. 201	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	COBD	<input type="checkbox"/> Delete
NAME	FIELDS MICHAEL S	
STREET ADDRESS	6700 KOLL CENTER PKWY STE 140	
CITY-ST-ZIP	PLEASANTON CA 94566	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACY ED	
STREET ADDRESS	VENTURE TECH 52-54 HIGH HOLBOM 6TH FL	
CITY-ST-ZIP	LONDON UK EC1Y4	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORROW SUSAN	
STREET ADDRESS	26 BEECH GROVE	
CITY-ST-ZIP	BENTON, NEWCASTLE UPON TYNE UK NE12 8LA	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	COBD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDS MICHAEL S	
STREET ADDRESS	4155 BLACKHAWK PLAZA CIRCLE, SUITE 200	
CITY-ST-ZIP	DANVILLE CA 94506	

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:** Michael S. Fields

COBD 04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)