

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-04-2001 90015 011 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 045309

1. Entity Name
Innovative Interfaces, Inc.



Principal Place of Business
5850 Shellmound Way
Emeryville, CA 94608
USA

Mailing Address
5850 Shellmound Way
Emeryville, CA 94608
USA

8898

2. Principal Place of Business
5850 Shellmound Way
Suite, Apt. #, etc.

3. Mailing Address
5850 Shellmound Way
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Emeryville, CA

City & State
Emeryville, CA

4. FEI Number
94-2553274

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip Country
94608 USA

Zip Country
94608 USA

6. Name and Address of Current Registered Agent

Hurley, Jamie Kannette
Innovative Interfaces, Inc.
1019 S.E. 3rd Street
Ocala, FL 32671

7. Name and Address of New Registered Agent

Name
Marcus Roberson

Street Address (P.O. Box Number is Not Acceptable)
409 - 14th Street

City
St. Augustine FL Zip Code
22095

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 *Marcus Roberson* Marcus Roberson 5/16/01
Signature, typed or printed name of registered agent and fee 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.

FILE NOW!!!
After MAY 1, 2001
Fee will be \$530.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD Kline, Gerald M. 5850 Shellmound Way Emeryville, CA 94608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST Silberstein, Stephen M 5850 Shellmound Way Emeryville, CA 94608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/CFO Hofbauer, James A. 5850 Shellmound Way Emeryville, CA 94608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *James A. Hofbauer* James A. Hofbauer, VP/CFO 05/16/01
510 655-6200
Signature and typed or printed name of signing officer or director Date Daytime Phone #