

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90994 018 ***150.00

DOCUMENT # F000000000.697
1. Entity Name
 Rt. 1 Solutions, Inc. ✓

Principal Place of Business **Mailing Address**

2. Principal Place of Business 1800 Embarcadero Road
 Suite, Apt. #, etc.
3. Mailing Address 1800 Embarcadero Road
 Suite, Apt. #, etc.

City & State Palo Alto, CA
Zip 94303 **Country** USA
City & State Palo Alto, CA
Zip 94303 **Country** USA

4. FEI Number 94-3341029
Applied For ☐ **Not Applicable**

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

DO NOT WRITE IN THIS SPACE

C0059228

6. Name and Address of Current Registered Agent
 Corporation Service Company
 1201 Hays Street
 Tallahassee, FL 32301

7. Name and Address of New Registered Agent
 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	President/CEO	<input type="checkbox"/> Delete
NAME	Ralph S. Troupe	
STREET ADDRESS	1800 Embarcadero Road	
CITY-ST-ZIP	Palo Alto, CA 94303	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Timothy J. Sparks	
STREET ADDRESS	1800 Embarcadero Road	
CITY-ST-ZIP	Palo Alto, CA 94303	
TITLE	COO	<input type="checkbox"/> Delete
NAME	Fred I. Farinacci	
STREET ADDRESS	1800 Embarcadero Road	
CITY-ST-ZIP	Palo Alto, CA 94303	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Doug Leone	
STREET ADDRESS	3000 Sand Hill Rd., Bldg. 4, Ste. 200	
CITY-ST-ZIP	Menlo Park, CA 94025	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Kevin DeNuccio	
STREET ADDRESS	170 West Tasman Drive	
CITY-ST-ZIP	San Jose, CA 95134	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Steve Mucchetti	
STREET ADDRESS	One Front Street	
CITY-ST-ZIP	San Francisco, CA 94111	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		<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		

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: _____ **Timothy J. Sparks** **4/12/01** **650-328-7781**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)