

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90115 038 ***150.00

CR29487 AT

DOCUMENT # F00000000697

1. Entity Name

CALLISMA, INC.

Principal Place of Business

**1800 EMBARCADERO RD
PALO ALTO CA 94303**

Mailing Address

**1800 EMBARCADERO RD
PALO ALTO CA 94303**

2. Principal Place of Business

1550 The Alameda

3. Mailing Address

1550 The Alameda

Suite, Apt. #, etc.

305

Suite, Apt. #, etc.

305

City & State

San Jose, CA

City & State

San Jose, CA

Zip

95126

Country

U.S.A.

Zip

95126

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

94-3341029

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TROUPE, RALPH S	
STREET ADDRESS	1800 EMBARCADERO RD	
CITY-ST-ZIP	PALO ALTO CA 94303	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPARKS, TIMOTHY J	
STREET ADDRESS	1800 EMBARCADERO RD	
CITY-ST-ZIP	PALO ALTO CA 94303	
TITLE	COO	<input type="checkbox"/> Delete
NAME	FARINACCI, FRED I	
STREET ADDRESS	1800 EMBARCADERO RD	
CITY-ST-ZIP	PALO ALTO CA 94303	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEONE, DOUG	
STREET ADDRESS	300 SAND HILL RD BLDG 4 STE.,#280	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DENUCCIO, KEVIN	
STREET ADDRESS	170 WEST TASMAN DR	
CITY-ST-ZIP	SAN JOSE CA 95134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MUCCHETTI, STEVE	
STREET ADDRESS	ONE FRONT ST	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1550 The Alameda, Ste. 305	
CITY-ST-ZIP	San Jose, CA 95126	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1550 The Alameda, Ste. 305	
CITY-ST-ZIP	San Jose, CA 95126	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1550 The Alameda, Ste. 305	
CITY-ST-ZIP	San Jose, CA 95126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Becker	
STREET ADDRESS	1801 California Street, 51st Floor	
CITY-ST-ZIP	Denver, CO 80202	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doug Dennerline	
STREET ADDRESS	170 West Tasman Drive	
CITY-ST-ZIP	San Jose, CA 95134	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

Date

408-882-0333

Daytime Phone #

CR2E034 (9/01)