

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90005 043 ***150.00

DOCUMENT # F01000005430

1. Entity Name
TALITY CORPORATION

Principal Place of Business
555 RIVER OAKS PARKWAY, BLDG. 3
SAN JOSE CA 95134

Mailing Address
555 RIVER OAKS PARKWAY, BLDG. 3
SAN JOSE CA 95134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
555 RIVER OAKS PKWY, BLDG. 4
 Suite, Apt. #, etc.

3. Mailing Address
13221 SW 68TH PARKWAY
 Suite, Apt. #, etc.
SUITE 200

City & State
SAN JOSE CA

City & State
PORTLAND OR

4. FEI Number
77-0573594

Applied For
 Not Applicable

Zip
95134

Country

Zip
97223

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WIEDERHOLD, ROBERT P 555 RIVER OAKS PARKWAY, BLDG. 3 SAN JOSE CA 95134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BELL, DUANE W 555 RIVER OAKS PARKWAY, BLDG. 3 SAN JOSE CA 95134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BINGHAM, H. RAYMOND 555 RIVER OAKS PARKWAY, BLDG. 3 SAN JOSE CA 95134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRIS, RONALD R 555 RIVER OAKS PARKWAY, BLDG. 3 SAN JOSE CA 95134	<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	PD HUDSON, BRENT 555 RIVER OAKS PKWY, BLDG. 4 SAN JOSE, CA 95134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	555 RIVER OAKS PKWY, BLDG. 4	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2655 SEELY AVE, BLDG. 5	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2655 SEELY AVE, BLDG. 5	<input checked="" 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

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: **Duane W. Bell** **FEBRUARY 1, 2002** **408-943-1234**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

CR2E034 (9/01)