

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED
pg 1 of 2

DOCUMENT # **F98000007001**

00 MAY 16 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
Basis Communications Corporation

Principal Place of Business 46712 Bayside Parkway Fremont, CA 94538	Mailing Address 46712 Bayside Parkway Fremont, CA 94538
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2. Principal Place of Business 46712 Bayside Parkway Suite, Apt. #, etc.	3. Mailing Address 46712 Bayside Parkway Suite, Apt. #, etc.
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City & State Fremont, California	City & State Fremont, California	4. FEI Number 94-3315610	Applied For <input type="checkbox"/> Not Applicable
Zip 94538	Country USA	Zip 94538	Country USA

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

Glinda
c/o Corporate Access Inc.
236 East 6th Avenue
Tallahassee, FL 32303

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 _____ (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, 2000 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**

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
President <input type="checkbox"/> Delete Michael Shealy ADDRESS: 46712 Bayside Parkway ST-ZIP: Fremont, CA 94538	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST-ZIP
Treasurer <input type="checkbox"/> Delete Patrick Morrin ADDRESS: 46712 Bayside Parkway ST-ZIP: Fremont, CA 94538	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST-ZIP
Secretary <input type="checkbox"/> Delete Kevin Chou ADDRESS: Two Palo Alto Square ST-ZIP: Palo Alto, CA 94306	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST-ZIP
Director <input type="checkbox"/> Delete Michael Shealy ADDRESS: 46712 Bayside Parkway ST-ZIP: Fremont, CA 94538	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST-ZIP
Director <input type="checkbox"/> Delete Patrick Morrin ADDRESS: 46712 Bayside Parkway ST-ZIP: Fremont, CA 94538	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST-ZIP
Director <input type="checkbox"/> Delete David French ADDRESS: 3100 West Warren Avenue ST-ZIP: Fremont, CA 94538	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST-ZIP

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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: _____ DATE: 5/15/00 DAYTIME PHONE #: 650-858-7866

CR2E034 (9/99)