

DOCUMENT # F990000001540

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

Netera Holdings, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

1000 Westlakes Drive

3. Mailing Address

1000 Westlakes Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 150

Suite 150

City & State

City & State

Berwyn, PA

Berwyn, PA

Zip

Zip

Country

Country

19312

19312

USA

USA

4. FEI Number

51-0345962

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Pete R. Pizarro

Street Address (P.O. Box Number is Not Acceptable)

Netera

14750 NW 77 Ct., Suite 225

City

Miami Lakes

FL

Zip Code

33016

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

Pete R. Pizarro

SIGNATURE Chief Operating Officer

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME President
STREET ADDRESS Joseph James
CITY-ST-ZIP 1000 Westlakes Drive, Suite 150
Berwyn, PA 19312TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME CEO
STREET ADDRESS Joseph James
CITY-ST-ZIP 1000 Westlakes Drive, Suite 150
Berwyn, PA 19312TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME Chief Operating Officer
STREET ADDRESS Pete R. Pizarro
CITY-ST-ZIP 14750 NW 77 Ct., Suite 225
Miami Lakes, FL 33016TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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.

Pete R. Pizarro

SIGNATURE: Chief Operating Officer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-00 305-698-0870