

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 25, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000004839**

1. Entity Name  
 ONEPIPELINE.COM, INC.

Principal Place of Business 6322 SOUTH 3000 EAST SUITE 200 SALT LAKE CITY 84121 UT	Mailing Address 6322 SOUTH 3000 EAST SUITE 200 SALT LAKE CITY 84121 UT
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number  
**87-0567008**

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

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

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 \_\_\_\_\_ DATE **04/25/2001**  
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	VPBD BROADBENT ROSS 6322 SOUTH 3000 EAST, SUITE 200 SALT LAKE CITY UT 84121 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPMB DOANE MAX 6322 SOUTH 3000 EAST, SUITE 200 SALT LAKE CITY UT 84121 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAOS HASSELL CHAD 6322 SOUTH 3000 EAST, SUITE 200 SALT LAKE CITY UT 84121 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP BROADBENT DAVID 6322 SOUTH 3000 EAST, SUITE 200 SALT LAKE CITY UT 84121 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROADBENT ROSS 6322 SOUTH 3000 EAST, SUITE 200 SALT LAKE CITY UT 84121 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BROADBENT DAVID 6322 SOUTH 3000 EAST, SUITE 200 SALT LAKE CITY UT 84121 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BODINE PETER 535 MIDDLEFIELD ROAD, SUITE 150 MENLO PARK CA 94025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEDERSEN ROBERT 2455 E. WALKER LANE SALT LAKE CITY UT 841117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NELSON JAMES 6322 SOUTH 3000 EAST, SUITE 200 SALT LAKE CITY UT 84121 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOANE MAX 6322 SOUTH 3000 EAST, SUITE 200 SALT LAKE CITY UT 84121 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HASSELL CHAD R 6322 SOUTH 3000 EAST, SUITE 200 SALT LAKE CITY UT 84121 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/P BROADBENT DAVID 6322 SOUTH 3000 EAST, SUITE 200 SALT LAKE CITY UT 84121 <input checked="" 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:** CHAD R. HASSELL S 04/25/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

---

**NICOLAS P. RETSINAS, DIRECTOR**  
**79 JOHN F. KENNEDY STREET**  
**CAMBRIDGE, MA 02138**

**RUSSELL BOOTH, DIRECTOR**  
**6995 UNION PARK CENTER, SUITE 250**

**MIDVALE, UT 84047**

**WILLIAM STEWART, DIRECTOR**  
**535 MIDDLEFIELD ROAD, SUITE 150**

**MENLO PARK, CA 94025**