

# 2001 UNIFORM BUSINESS REPORT (UBR)

UBR 2 AT

DOCUMENT # **P31832**

1. Entity Name  
**HAMILTON MEDICAL, INC.**

**FILED**

01 AUG -9 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 30008 RENO NV 89520	Mailing Address P.O. BOX 30008 RENO NV 89520
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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4. FEI Number <b>47-0673087</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ADAIR, JACK**  
9822 RED REEF CT  
FT MYERS FL 33919

7. Name and Address of New Registered Agent

Name: **CT CORP. SYSTEM**  
Street: **1200 S. PINE ISLAND DR.**  
City: **PLANTATION** Zip: **33324**

8. The above named entity submits this statement for the purpose of changing its registered agent from **NASEEM A. CONDE** to **NASEEM A. CONDE** in the State of Florida.

SIGNATURE: *Naseem A. Conde* **NASEEM A. CONDE**  
SPECIAL ASST. SECRETARY  
DATE: **8-8-01**

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 \$550.00**  
After September 12, 2001 Fee will be \$750.00  
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	<b>CP</b> <b>WALCHLI, MAX</b> <b>VALBEUNO 5 CH-7402</b> <b>BONADUZ, SWITZERLAND</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>LOCHER, PETER</b> <b>VIA NOVA CH-7403</b> <b>RHAZUNS, SWITZERLAND</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>PETERSEN, ROBERT</b> <b>3000 SAND HILL RD.</b> <b>MENLO PARK CA</b>	<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		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>300004533713--3</b> <b>-08/14/01--01043--007</b> <b>***550.00 ***550.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>KARL SCHLEGEL</b> <b>VIA CRUSCHB CH-7402</b> <b>BONADUZ, SWITZERLAND</b>	<input type="checkbox"/> Change <input checked="" 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **9/23/01** Daytime Phone #: **650/854-8060**

CR2E034 (9/01)