

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000003547**

1. Corporation Name

Kinetic Systems, Inc.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified
08/03/1993

3a. Date of Last Report
04/13/95

2. Principal Place of Business

2a. Mailing Address

21 **3080 Raymond Street**

26 **3080 Raymond Street**

4. FEI Number

94-2229569

Applied For
 Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

23 **Santa Clara, CA**

28 **Santa Clara, CA**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

24 **95054**

25 **USA**

29 **95054**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Bianco, William A.	
STREET ADDRESS	3080 Raymond St.	
CITY-ST-ZIP	Santa Clara, CA 95054	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	Shimmon, David J.	
STREET ADDRESS	3080 Raymond St.	
CITY-ST-ZIP	Santa Clara, CA 95054	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Bianco, Marie R.	
STREET ADDRESS	3080 Raymond St.	
CITY-ST-ZIP	Santa Clara, CA 95054	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Shimmon, David J.	
STREET ADDRESS	3080 Raymond St.	
CITY-ST-ZIP	Santa Clara, CA 95054	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Martin M. Jelenko	
1.3 STREET ADDRESS	300 S. Grand Avenue, 41st Floor	
1.4 CITY-ST-ZIP	Los Angeles, CA 90071	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	400001838314	
5.3 STREET ADDRESS	-05/24/96--01034--011	
5.4 CITY-ST-ZIP	***225.00	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marie R. Bianco*

Marie R. Bianco

(408) 727-7740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E034 (12/95)

32
9/23