


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F93000003547 (7) 1. Corporation Name KINETIC SYSTEMS, INC.		



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3080 RAYMOND ST. SANTA CLARA CA 95054 US		Mailing Address 3080 RAYMOND ST. SANTA CLARA CA 95054 US	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	94-2229569	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
23	28	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	24	25
29	30		

3. Date Incorporated or Qualified	08/03/1993
4. FEI Number	94-2229569
5. Certificate of Status Desired	<input type="checkbox"/>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	

10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	PD	1.1 TITLE	Chairman/Director
NAME	BIANCO, WILLIAM A	1.2 NAME	
STREET ADDRESS	3080 RAYMOND ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA CLARA CA 95054	1.4 CITY-ST-ZIP	
TITLE	VAS	2.1 TITLE	President/Director/CEO
NAME	SHIMMON, DAVID J	2.2 NAME	
STREET ADDRESS	3080 RAYMOND ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA CLARA CA 95054	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	Assistant Secretary/Director
NAME	BIANCO, MARIE R	3.2 NAME	
STREET ADDRESS	3080 RAYMOND ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA CLARA CA 95054	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	SHIMMON, DAVID J	4.2 NAME	
STREET ADDRESS	3080 RAYMOND ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA CLARA CA 95054	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	JELENKO, MARTIN M.	5.2 NAME	
STREET ADDRESS	300 S. GRAND AVE., 41ST FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90071	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	Chairman/Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	President/Director/CEO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	Assistant Secretary/Director	<input checked="" 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			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ **REQUIRED**

CR2E034 (10/97)