

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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90022 002 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F93000003547 ✓  
 1. Corporation Name  
 Kinetic Systems, Inc.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

|  |  |  |  |   |  |                              |  |  |  |
|--|--|--|--|---|--|------------------------------|--|--|--|
| 2. Principal Place of Business<br>21 2805 Mission College Blvd.<br>Suite, Apt. #, etc. |  | 2a. Mailing Address<br>26 40-004 Cook St.<br>Suite, Apt. #, etc. |  | 3. Date Incorporated or Qualified<br>8/03/93                                    |  | 4. FEI Number<br>94-2229569  |  | Applied For<br>Not Applicable  |  |
| 22   |  | 27   |  | 5. Certificate of Status Desired <input type="checkbox"/>                       |  | 8.75 Additional Fee Required |  |  |  |
| 23 City & State<br>Santa Clara, CA   |  | 28 City & State<br>Palm Desert, CA                               |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |  | 5.00 May Be Added to Fees    |  |  |  |
| 24 Zip<br>95054  |  | 25 Country   |  | 29 Zip<br>92211   |  | 30 Country<br>USA            |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |  |  |  |   |  |             |  |
|---|--|--|--|---|--|-------------|--|
| 9. Name and Address of Current Registered Agent<br>CT Corporation System<br>1200 South Pine Island Rd<br>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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------------|---|--|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | D. P. CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | 1.2 NAME  | DAVID J. Shimmon   |
| STREET ADDRESS             |                                 | 1.3 STREET ADDRESS                                    | 40-004 Cook St.  |
| CITY-ST-ZIP                |                                 | 1.4 CITY-ST-ZIP                                       | Palm Desert, CA 92211  |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | D. VP, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       |                                 | 2.2 NAME  | Stephen P. Stanczak  |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    | 40-004 Cook St.  |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       | Palm Desert, CA 92211  |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | D. VP, CFO <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| NAME                       |                                 | 3.2 NAME  | Kevin L. Spence  |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    | 40-004 Cook St.  |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       | Palm Desert, CA 92211  |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | T <input type="checkbox"/> Change <input type="checkbox"/> Addition                    |
| NAME                       |                                 | 4.2 NAME  | Steven P. Nickerson  |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    | 2805 Mission College Blvd  |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       | Santa Clara, CA 95054  |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | AS <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| NAME                       |                                 | 5.2 NAME  | Amy G. Bossin  |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    | 40-004 Cook St.  |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       | Palm Desert, CA 92211  |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | AT <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| NAME                       |                                 | 6.2 NAME  | Duane Huennekens   |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    | 40-004 Cook St.  |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP                                       | Palm Desert, CA 92211  |

14. 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 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, with all other like empowered.

SIGNATURE: Amy G. Bossin Date: 4/23/99 Daytime Phone #: 414-521-8504  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F034 (1/99)