

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 OCT 16 PM 4:03

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DOCUMENT # F94000000840 (8)  
 1. Corporation Name  
 CENTIGRAM COMMUNICATIONS CORPORATION

Principal Place of Business: 91 EAST TASMAN DRIVE, SAN JOSE CA 95134  
 Mailing Address: 91 EAST TASMAN DRIVE, SAN JOSE CA 95134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1994  
 4. FEI Number: 94-2418021  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

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 NAME: SOLLMAN, GEORGE STREET ADDRESS: 91 EAST TASMAN DR. CITY-ST-ZIP: SAN JOSE CA	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: President 1.2 NAME: Puete, Bob 1.3 STREET ADDRESS: 91 E. Tasman Dr 1.4 CITY-ST-ZIP: San Jose, CA 95134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: CFO NAME: DENNIS P. WOLF STREET ADDRESS: 91 E. TASMAN DR. CITY-ST-ZIP: SAN JOSE CA	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: CFO 2.2 NAME: Brunton, Tom 2.3 STREET ADDRESS: 91 E 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: V NAME: BRUNTON, THOMAS STREET ADDRESS: 91 E TASMAN CITY-ST-ZIP: SAN JOSE CA	<input type="checkbox"/> DELETE	3.1 TITLE: CFO 3.2 NAME: Brunton, Tom 3.3 STREET ADDRESS: 91 E Tasman Dr 3.4 CITY-ST-ZIP: San Jose, CA 95134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: BRAHM, DAVID STREET ADDRESS: 91 E TASMAN DR CITY-ST-ZIP: SAN JOSE CA	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: BARSEMA, DENNIS STREET ADDRESS: 91 E TASMAR DR CITY-ST-ZIP: SAN JOSE CA	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 -10/22/98--01070-004  
 \*\*\*750.00 \*\*\*750.00

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 a address.

SIGNATURE: *T. Brunton* ED 10/10/98 408-432-2792

CRZE034 (5/98)