

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001402 (3)
 1. Corporation Name
OBJECTIVE SYSTEMS INTEGRATORS, INC.



Principal Place of Business 100 BLUE RAVINE ROAD FOLSOM CA 95630	Mailing Address 100 BLUE RAVINE ROAD FOLSOM CA 95630
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 03/18/1997	
4. FEI Number 68-0239619	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	AMBROZY, JOSEPH T	
STREET ADDRESS	100 BLUE RAVINE RD	
CITY-ST-ZIP	FOLSOM CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CARDMAN, PHILLIP N	
STREET ADDRESS	100 BLUE RAVINE RD	
CITY-ST-ZIP	FOLSOM CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALLEN, DAVE	
STREET ADDRESS	100 BLUE RAVINE RD	
CITY-ST-ZIP	FOLSOM CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GERMAK, A J	
STREET ADDRESS	100 BLUE RAVINE RD	
CITY-ST-ZIP	FOLSOM CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SEBRING, TIM	
STREET ADDRESS	100 BLUE RAVINE RD	
CITY-ST-ZIP	FOLSOM CA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	JOHNSON, TOM L	
STREET ADDRESS	856 TAHOE BLVD SUITE 203	
CITY-ST-ZIP	INCLINE NV	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Vento, Richard G.	
1.3 STREET ADDRESS	100 Blue Ravine Road	
1.4 CITY-ST-ZIP	Folsom, CA 95630	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Shantz, Jonathan	
2.3 STREET ADDRESS	170 W. Tasman Drive	
2.4 CITY-ST-ZIP	San Jose, CA 95134	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Terplan, Dr. Kornel	
3.3 STREET ADDRESS	28 Summit Avenue	
3.4 CITY-ST-ZIP	Hackensack, NJ 07601	
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)(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.

SIGNATURE _____

CR2E034 (10/97)