

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90409 003 ***150.00

DOCUMENT # F97000001402

1. Entity Name
OBJECTIVE SYSTEMS INTEGRATORS, INC.

Principal Place of Business
101 PARK WAY
FOLSOM CA 95630

Mailing Address
101 PARK WAY
FOLSOM CA 95630

00029998



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
101 Parkshore Drive
 Suite, Apt. #, etc.

3. Mailing Address
101 Parkshore Drive
 Suite, Apt. #, etc.

City & State
Folsom CA

City & State
Folsom CA

4. FEI Number **68-0239619**

Applied For
 Not Applicable

Zip
95630

Country
USA

Zip
95630

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** Delete
 NAME **VENTO, RICHARD G**
 STREET ADDRESS **101 PARK WAY**
 CITY-ST-ZIP **FOLSOM CA 95630**

TITLE **President and CEO** Change Addition
 NAME **NORDLUND, D. CRAIG**
 STREET ADDRESS **395 Page Mill Road**
 CITY-ST-ZIP **Palo Alto, CA 94306**

TITLE **V** Delete
 NAME **CARDMAN, PHILLIP N**
 STREET ADDRESS **101 PARK WAY**
 CITY-ST-ZIP **FOLSOM CA**

TITLE **CFO and Secretary** Change Addition
 NAME **HUBER, MARIE OH**
 STREET ADDRESS **395 Page Mill Road**
 CITY-ST-ZIP **Palo Alto, CA 94306**

TITLE **VCFO** Delete
 NAME **FIORE, LARRY**
 STREET ADDRESS **101 PARK WAY**
 CITY-ST-ZIP **FOLSOM CA 95630**

TITLE **Assistant Secretary** Change Addition
 NAME **EATON, JOHN**
 STREET ADDRESS **395 Page Mill Road**
 CITY-ST-ZIP **Palo Alto, CA 94306**

TITLE **MAAS** Delete
 NAME **BRELSFORD, GREG**
 STREET ADDRESS **101 PARK WAY**
 CITY-ST-ZIP **FOLSOM CA 95630**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPS** Delete
 NAME **LINE, DAN D**
 STREET ADDRESS **101 PARK WAY**
 CITY-ST-ZIP **FOLSOM CA 95630**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** Delete
 NAME **JOHNSON, TOM L**
 STREET ADDRESS **856 TAHOE BLVD SUITE 203**
 CITY-ST-ZIP **INCLINE NV**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marie Oh Huber* **Marie Oh Huber** **3/16/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)