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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

**FILED** Jan 27 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  ONE TECHNOLOGY DR STE C-511 IRVINE CA 92706 US  (7)  Mailing Address  ONE TECHNOLOGY DR STE C-511 IRVINE CA 92706 US						3. Date incorporated or Qualified 3a. Date of Last Report		
US			00			07/09/1990	03/05/1996	iopon
ONE	lace of Busines TECHNOL		2a. Mailing Addr	ess CHNOLO		4. FEI Number		oplied For
Suite, Apt		OGI DK	26 Suite, Apt. #,		GI DK	65-0220906	60 75	ot Applicable
	C-511		STE C-			5. Certificate of Status Desired	T T T T	Additional equired
City & Star	te NE CA		City & State 28 IRVINE	CÁ	, , , , , , , , , , , , , , , , , , ,	Election Campaign Financing     Trust Fund Contribution		May Be
Zip	0	Country US	Zip		Country	8. This corporation has liability fo		. 199.032,
24 92/1		)	29 92/18	30	US	Florida Statutes  10. Name and Address of New R	Yes 🔼 No	
		NFORMATION SE	<del></del>		81 Name	10, Hanne and Address of New H	indiatered wheter	
	HAYS ST.	NEUNMATION SE	THILES		82 Street Add	dress (P.O. Box Number is Not Accepta	abla\	
TALLAHASSEE FL 32301					52 Street Add	diess (F.O. Box Number is Not Accepta	able)	
					83			
					84 City		FL 85 Zip	Code
' 11. Pursuant	to the provision	ns of Sections 607.0	0502 and 607 1508, Flori	da Statutes, th	e above named co	prporation submits this statement for the		ts registered
agent. La SIGNATURF	am familiar with, N /	, and accept the ob <b>A</b> printed name of registered	agentand title tappicable	.0505, Florida (NOTE: Regi	Statutes. stered Agent signature req		purpose of changing i ept the appointment as	
agent. I a SIGNATURF 12.	am familiar with, N /	, and accept the ob <b>A</b> printed name of registered	digations of, Section 607 agent and title (applicable AND DIRECTORS	0505, Florida (NOTE Regi	Statutes. stered Agent signature req		purpose of changing i ept the appointment as	
agent. La SIGNATURF	ern familiar with, N/. Signatur, Typed or	, and accept the ob A  printed name of registered  OFFICERS A	digations of, Section 607 agent and title (applicable AND DIRECTORS	O505, Fiorida (NOTE: Regi	Statutes. stered Agent signature req	quired when reinstating)	purpose of changing i ept the appointment as DATE ICERS AND DIRECTOR	RS IN 12
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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 oal 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 13 or Bl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0501996