

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P04460 (2)

1. Corporation Name

MAI SYSTEMS CORPORATION



Principal Place of Business

Mailing Address

9501 JERONIMO RD  
IRVINE CA 92718  
US

9501 JERONIMO RD  
IRVINE CA 92718  
US

3. Date Incorporated or Qualified  
12/26/1984

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
22-2554549

Applied For  
Not Applicable

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDCE ☐ DELETE  
NAME RESSLER, RICHARD S.  
STREET ADDRESS 9501 JERONIMO ROAD  
CITY-STATE-ZIP IRVINE CA

1.1 TITLE CEO and Director ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE D ☒ DELETE  
NAME LEBOW, BENNETT S.  
STREET ADDRESS 126 EAST 56TH STREET  
CITY-STATE-ZIP NEW YORK NY

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME Alan A. Gleischer  
2.3 STREET ADDRESS 9501 Jeronimo Rd.  
2.4 CITY-STATE-ZIP Irvine, CA 92718

TITLE D ☒ DELETE  
NAME AMMAN, ROBERT J  
STREET ADDRESS 9501 JERONIMO RD  
CITY-STATE-ZIP IRVINE CA

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Morton O Schapiro  
3.3 STREET ADDRESS 9501 Jeronimo Rd.  
3.4 CITY-STATE-ZIP Irvine, CA 92718

TITLE CFO ☐ DELETE  
NAME KRETZMER, WILLIAM B  
STREET ADDRESS 9501 JERONIMO RD  
CITY-STATE-ZIP IRVINE CA

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE S ☐ DELETE  
NAME WITKOW, STANLEY  
STREET ADDRESS 9501 JERONIMO RD  
CITY-STATE-ZIP IRVINE CA

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE VP ☐ DELETE  
NAME BAYZ, GEORGE D.  
STREET ADDRESS 9501 JERONIMO RD  
CITY-STATE-ZIP IRVINE CA

6.1 TITLE President, COO and Director ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: \*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William B. Kretzmer

Daytime Phone: 714 5802328

CR2E034 (12/95)