


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91806 001 \*\*\*150.00

0657763 AT

<b>DOCUMENT #</b> P04460	
<b>1. Entity Name</b> MAI SYSTEMS CORPORATION	

<b>Principal Place of Business</b> 9601 JERONIMO RD IRVINE CA 92618 US	<b>Mailing Address</b> 9601 JERONIMO RD MD 219 IRVINE CA 92618 US
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<b>2. Principal Place of Business</b> 26110 Enterprise Way Suite, Apt. #, etc. Ste 200	<b>3. Mailing Address</b> 26110 Enterprise Way Suite, Apt. #, etc. Ste 200
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☐ CHECK HERE IF MAKING CHANGES

<b>City &amp; State</b> Lake Forest, CA	<b>City &amp; State</b> Lake Forest, CA
<b>Zip</b> 92630	<b>Zip</b> 92630
<b>Country</b> USA	<b>Country</b> USA

<b>4. FEI Number</b> 22-2554549	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> RESSLER, RICHARD S. 9601 JERONIMO RD IRVINE CA <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26110 Enterprise Way Lake Forest, CA 92630
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> LOSHITZER, ZOHAR 9601 JERONIMO ROAD IRVINE CA 92618 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26110 Enterprise Way Lake Forest, CA 92630
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SCHAPIRO, MORTON O. 9601 JERONIMO RD IRVINE CA <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Steven F. Mayer 26110 Enterprise Way Lake Forest, CA 92630
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOP</b> KRETZMER, WILLIAM B 9601 JERONIMO RD IRVINE CA 92618 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26110 Enterprise Way Lake Forest, CA 92630
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> DOLAN, JAMES 9601 JERONIMO RD IRVINE CA 92618 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CF000 26110 Enterprise Way Lake Forest, CA 92630
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> ROSS, STEPHEN 9601 JERONIMO RD IRVINE CA 92618 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26110 Enterprise Way Lake Forest, CA 92630

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

<b>SIGNATURE:</b> <u>SIGNATURE REQUIRED</u>	<u>4/25/03</u>	<u>949 598-6120</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

CR2E034 (10/02)