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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F93000005241

1. Corporation Name
RASTER GRAPHICS, INC.



Principal Place of Business
**3025 ORCHARD PKWY
 SAN JOSE CA 95134-2017
 US**

Mailing Address
**3025 ORCHARD PKWY
 SAN JOSE CA 95134-2017
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 94-3046090	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCIO, LANZA	1.2 NAME	Promod Hague
STREET ADDRESS	2180 SSND HILL RD #200	1.3 STREET ADDRESS	245 Lytton Avenue, Suite 250
CITY-ST-ZIP	MENLO PARK CA	1.4 CITY-ST-ZIP	Palo Alto, CA 94301
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Acting CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASE, CHARLIE	2.2 NAME	Kathy J. Bagby.
STREET ADDRESS	540 HIGHLAND ST	2.3 STREET ADDRESS	3025 Orchard Parkway
CITY-ST-ZIP	N MARSHFIELD MA 02059	2.4 CITY-ST-ZIP	San Jose, CA 95134
TITLE	PCEO <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUMAR, RAK	3.2 NAME	Delbert W. Yocam
STREET ADDRESS	535 EL ARROYO	3.3 STREET ADDRESS	3025 Orchard Parkway
CITY-ST-ZIP	HILLSBOROUGH CA	3.4 CITY-ST-ZIP	San Jose, CA 95134
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARDECCHIA, SEBASTIAN	4.2 NAME	Marc Willard
STREET ADDRESS	1394 VAN PATTEN DRIVE	4.3 STREET ADDRESS	3025 Orchard Parkway
CITY-ST-ZIP	DANVILLE CA 94526	4.4 CITY-ST-ZIP	San Jose, CA 95134
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Michael W. Hall
STREET ADDRESS		5.3 STREET ADDRESS	135 Commonwealth Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Menlo Park, CA 94025
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Rakesh Kumar* **SIGNATURE REQUIRED** 2/9/99 408 232-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Rakesh Kumar, President and CEO** Date: _____ Daytime Phone #: _____

CR2E034 (1/198)