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**Apr 22 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # F95000002939 (5)**

1. Corporation Name  
**CONNOR FORMED METAL PRODUCTS CORP.**



Principal Place of Business      Mailing Address  
**1020 MARSH ROAD  
#200  
MENLO PARK CA 94025  
US**      **1020 MARSH ROAD  
#200  
MENLO PARK CA 94025-1061  
US**

3. Date Incorporated or Qualified <b>06/19/1995</b>	3a. Date of Last Report <b>04/09/1996</b>
4. FEI Number <b>94-0873730</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
24	30

9. Name and Address of Current Registered Agent  
**ARRIETA, CISCO  
901 NORTH CONGRESS AVE., #101-D  
BOYNTON BEACH FL 33426**

10. Name and Address of New Registered Agent

81 Name <b>Corporation Service Company</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street, Suite 105</b>
83
84 City <b>Tallahassee</b>
85 Zip Code <b>FL 32301</b>

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: *Karen B. Rozar*      **Karen B. Rozar, As Its Agent**      **4-4-97**  
Signature, typed or printed name of registered agent and title (if applicable)      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	<b>SLOSS, ROBERT</b>	
STREET ADDRESS	<b>730 SOUTHAMPTON DR.</b>	
CITY - ST - ZIP	<b>PALO ALTO CA 94303</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>WOODSIDE, STEVEN</b>	
STREET ADDRESS	<b>1165 LENNON WAY</b>	
CITY - ST - ZIP	<b>SAN JOSE CA 95125</b>	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	<b>STEWART, WILLIAM</b>	
STREET ADDRESS	<b>601 SONOMA ST.</b>	
CITY - ST - ZIP	<b>RICHMOND CA 94805</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>ANACKER, R. DAVID</b>	
STREET ADDRESS	<b>% VERIFLO CORP., 250 CANAL BLVD.</b>	
CITY - ST - ZIP	<b>RICHMOND CA 94804</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>HERZIG, ALAN C</b>	
STREET ADDRESS	<b>190 FOX HOLLOW RD.</b>	
CITY - ST - ZIP	<b>WOODSIDE CA 94082</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>SHELDON, GEORGE O</b>	
STREET ADDRESS	<b>1200 CALIFORNIA ST., #14-A</b>	
CITY - ST - ZIP	<b>SAN FRANCISCO CA 94109</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>PATRICIA K. LEA</b>	
1.3 STREET ADDRESS	<b>541 ALSACE LORRAINE</b>	
1.4 CITY - ST - ZIP	<b>HALF MOON BAY, CA 94019</b>	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE: *Patricia K. Lea*      **Patricia K. Lea, Assistant Secretary**      **1/8/97 415-614-5400**  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E034 (9/96)