

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90006 008 ***550.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F96000000415

1. Corporation Name
SYVA COMPANY

Principal Place of Business 1717 DEERFIELD ROAD DEERFIELD IL 60015	Mailing Address 3403 YERBA BUENA ROAD SAN JOSE CA 95135
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/24/1996	
21		26		4. FEI Number 04-2864840	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

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	FL	85

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, STEVEN W	1.2 NAME	
STREET ADDRESS	1717 DEERFIELD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD IL 60015	1.4 CITY-ST-ZIP	
TITLE	VASD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNAUGHTON, JOHN P	2.2 NAME	
STREET ADDRESS	1717 DEERFIELD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD IL 60015	2.4 CITY-ST-ZIP	
TITLE	VPAS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JOHN	3.2 NAME	
STREET ADDRESS	1717 DEERFIELD ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD IL 60015	3.4 CITY-ST-ZIP	
TITLE	VPAS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASPER, MARC N	4.2 NAME	
STREET ADDRESS	1717 DEERFIELD ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD IL 60015	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID-ANDERSON, JAMES	5.2 NAME	
STREET ADDRESS	1717 DEERFIELD ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD IL 60015	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGHOSIAN, ROBERT A	6.2 NAME	
STREET ADDRESS	1717 DEERFIELD ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD IL 60015	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: JOHN M. DUFFEY VICEPRESIDENT 6/2/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)