

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **F98000003671**  
1. Corporation Name  
**APPLIED EXPERT SYSTEM, INC.**

**FILED**  
**Sep 15, 1999 8:00 am**  
**Secretary of State**

09-15-1999 90010 039 \*\*\*550.00



Principal Place of Business  
**595 PRICE AVE., STE. #3  
REDWOOD CITY CA 94063**

Mailing Address  
**595 PRICE AVE., STE. #3  
REDWOOD CITY CA 94063**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/26/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		77-0272723	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29		30	

9. Name and Address of Current Registered Agent

**CORPORATE ACCESS, INC.**  
**1116-D THOMASVILLE ROAD, MOUNT VERNON SQ.**  
**TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name **Corporate Access Inc.**  
82 Street Address (P.O. Box Number is Not Acceptable) **236 East 6th Ave.**  
83  
84 City **Tallahassee** FL 85 Zip Code **32303**

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	PDS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIU, CATHERINE H	1.2 NAME	
STREET ADDRESS	666 KINGSWOOD WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ALTOS CA 94022	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHENG, DAVID	2.2 NAME	
STREET ADDRESS	2561 MIDDLEFIELD AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FREMONT CA 94539	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELKINS, NALINI	3.2 NAME	
STREET ADDRESS	30 RIVER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CARMEL VALLEY CA 93924	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LU, MORRIS	4.2 NAME	
STREET ADDRESS	666 SHI-PING ROAD, TOU-LIO, YUN-LIN HSIEN	4.3 STREET ADDRESS	
CITY-ST-ZIP	64012 TAIWAN, ROC	4.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANG, STANLEY	5.2 NAME	
STREET ADDRESS	27310 JULIETTA LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ALTOS CA 94022	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YO, EDDY	6.2 NAME	
STREET ADDRESS	JALAN SUKAMAJU #8, BANDUNG	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDONESIA 40161	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.

SIGNATURE: **Catherine Harris** REQUIRED

Sep 8, 1999 650-364  
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CR2E034 (5/99)

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