


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).

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

09-15-1999 90010 039 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000003671
 1. Corporation Name
APPLIED EXPERT SYSTEM, INC.



Principal Place of Business 595 PRICE AVE., STE. #3 REDWOOD CITY CA 94063	Mailing Address 595 PRICE AVE., STE. #3 REDWOOD CITY CA 94063
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/26/1998
21	26	4. FEI Number 77-0272723
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country	
24	25	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 <i>Corporate Access Inc.</i>
82 Street Address (P.O. Box Number is Not Acceptable) <i>236 East 6th Ave.</i>
83
84 City <i>Tallahassee</i>
85 Zip Code FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PDS	<input type="checkbox"/> DELETE
NAME	LIU, CATHERINE H	
STREET ADDRESS	666 KINGSWOOD WAY	
CITY-ST-ZIP	LOS ALTOS CA 94022	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHENG, DAVID	
STREET ADDRESS	2561 MIDDLEFIELD AVE.	
CITY-ST-ZIP	FREMONT CA 94539	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ELKINS, NALINI	
STREET ADDRESS	30 RIVER ROAD	
CITY-ST-ZIP	CARMEL VALLEY CA 93924	
TITLE	C	<input type="checkbox"/> DELETE
NAME	LU, MORRIS	
STREET ADDRESS	666 SHI-PING ROAD, TOU-LIO, YUN-LIN HSIEN	
CITY-ST-ZIP	64012 TAIWAN, ROC	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	WANG, STANLEY	
STREET ADDRESS	27310 JULIETTA LANE	
CITY-ST-ZIP	LOS ALTOS CA 94022	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YO, EDDY	
STREET ADDRESS	JALAN SUKAMAJU #8, BANDUNG	
CITY-ST-ZIP	INDONESIA 40161	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input 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 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** Sept. 9, 1999 650-364-1222

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CR2E034 (5/99)