2000 UNIFORM BUSINESS	REPORT	(UBR
DOCUMENT # P16782		
AND MICDOSYSTEMS INC		

## FILED

Principal Plac	e of Business	Mailing Address				esebstabV	OF STATE	
C/O NATIONSBANK OF GEORGIA P.O. BOX 198330 ATLANTA GA 30384-8330			MS PAL01-521 ATTN: LAURA A. FENNELL PALO ALTO CA 94303-4900		SECRETARY OF STATE TALLAHASSEE. FLORIDA			
2. Principal P	Place of Business	3. Mailing Address	· - · · · <del>- · ·</del>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN 1	THIS SPACE	
City & Stat	е	City & State			4. FEI Number	94-2805249		oplied For
Zip	Country	Zíp	Coun	try	5. Certificate o	f Status Desired	\$8.75 Ad	ditional
	6. Name and Address of Curi	rent Registered Agent		<b>I</b>	7. Name and A	Address of New Registe		<del>-</del>
	5. Name and Address of Care	tent riegistereu Agent		Name	7. Iddiid dila 2	table of the five stage of		
	CORPORATION SYSTEM				ss (P.O. Box Number	is Not Acceptable)		:
	) S. PINE ISLAND ROAD NTATION FL 33324							
				City			FL Zip Cod	e
8. The above	named entity submits this stateme	ent for the purpose of changing it	ts registere	ed office or regis	stered agent, or both,	, in the State of Florida.		
SIGNATURE .	Comin Boyan (	Onnin Bryan, Space agent and title if applicable. (NO	ial H	Isst. Secs	· . •	4-1 <u>8</u>	3-00	
	Signature, typed or printed name of registered a					D	DATE	
		agent and title if applicable. / (NO	TE. Hogistole	d Agent signature 1990	uireo when reinstaurig)			
Tax filing r	pration is eligible to satisfy its Intang requirement and elects to do so. ria on back)	gible FILE NOW After MAY 1, 2	V!!! FEE 2000 Fee	IS \$150.00 will be \$550.0	0 10. Elec	tion Campaign Financing t Fund Contribution.	§ _ \$5.0	<b>0</b> May Be I to Fees
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13 indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael H. Morris

4/12/00

Date

Daytime Phone #