

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 4:19

DOCUMENT # **P27650** (1)

1. Corporation Name
CALIFORNIA DIVERSIFIED SOFTWARE SYSTEMS, INC.

Principal Place of Business Mailing Address
18630 SUTTER BLVD 18630 SUTTER BLVD
MORGAN HILL CA 95037 MORGAN HILL CA 95037

DO NOT WRITE IN THIS SPACE.

| | | | |
|--------------------------------|----|---------------------|---------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | 26 | Suite, Apt. #, etc. | |
| 22 | 27 | City & State | |
| 23 | 28 | City & State | |
| 24 | 29 | Zip | Country |
| 25 | 30 | Zip | Country |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 01/08/1990 | 02/15/1994 |
| 4. FEI Number | Applied For |
| 94-2526430 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| <input type="checkbox"/> | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| <input type="checkbox"/> | |
| 8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--------------------------------------------------------------------------|--|--|--|----------------------------------------------|----------------------------------------------------|----------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | | | 01 | Name | | |
| | | | | 02 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 03 | | | |
| | | | | 04 | City | | |
| | | | | FL | 05 | Zip Code | |

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 of agent) (NOTE: Registered Agent signature required when transferring) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | PD | 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANDO, LOWELL L. | 12. NAME | |
| STREET ADDRESS | 3080 PASEO VISTA | 13. STREET ADDRESS | |
| CITY-ST-ZIP | SAN MARTIN CA | 14. CITY-ST-ZIP | |
| TITLE | S | 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANDO, PATRICIA A. | 22. NAME | |
| STREET ADDRESS | 3080 PASEO VISTA | 23. STREET ADDRESS | |
| CITY-ST-ZIP | SAN MARTIN CA | 24. CITY-ST-ZIP | |
| TITLE | D | 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANDO, J. LEONARD | 32. NAME | |
| STREET ADDRESS | 299 PICNIC VIEW LANE | 33. STREET ADDRESS | |
| CITY-ST-ZIP | OCEANSIDE CA | 34. CITY-ST-ZIP | |
| TITLE | D | 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HEATH, DONALD M. | 42. NAME | |
| STREET ADDRESS | 1160 OLD STATE COURT | 43. STREET ADDRESS | |
| CITY-ST-ZIP | MCLEAN VA | 44. CITY-ST-ZIP | |
| TITLE | V | 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JASPERSEN, JEROME | 52. NAME | |
| STREET ADDRESS | 1025 APPIAN WAY | 53. STREET ADDRESS | |
| CITY-ST-ZIP | MORGAN HILL CA | 54. CITY-ST-ZIP | |
| TITLE | D | 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STRATTON, JAMES D. | 62. NAME | |
| STREET ADDRESS | 1820 BURNING TREE LANE | 63. STREET ADDRESS | |
| CITY-ST-ZIP | DALLAS TX | 64. CITY-ST-ZIP | |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 executor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 13, or has changed, or on an attachment with an address.

SIGNATURE: *Jasper* **JERRY JASPERSEN** 2/6/95
DATE: _____ (Typed or Printed Name of Signing Officer or Director)