

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P27650 (1)**

1. Corporation Name: **CALIFORNIA DIVERSIFIED SOFTWARE SYSTEMS, INC.**



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

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

3. Date Incorporated or Qualified <b>01/08/1990</b>	3a. Date of Last Report <b>02/14/1995</b>
4. FEI Number <b>94-2526430</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0302 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
I, \_\_\_\_\_, Registered Agent, sign as president/secretary

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	PD	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	SANDO, LOWELL L.	12. NAME	
13. STREET ADDRESS	3060 PASEO VISTA	13. STREET ADDRESS	
14. CITY, ST, ZIP	SAN MARTIN CA S	14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. TITLE		15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	SANDO, PATRICIA A.	16. NAME	
17. STREET ADDRESS	3060 PASEO VISTA	17. STREET ADDRESS	
18. CITY, ST, ZIP	SAN MARTIN CA D	18. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. TITLE		19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	SANDO, J. LEONARD	20. NAME	
21. STREET ADDRESS	299 PICNIC VIEW LANE	21. STREET ADDRESS	
22. CITY, ST, ZIP	OCEANSIDE CA D	22. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. TITLE		23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	HEATH, DONALD M.	24. NAME	
25. STREET ADDRESS	1160 OLD STATE COURT	25. STREET ADDRESS	
26. CITY, ST, ZIP	MCLEAN VA V	26. CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
27. TITLE		27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	JASPERSEN, JEROME	28. NAME	
29. STREET ADDRESS	1025 APPIAN WAY	29. STREET ADDRESS	
30. CITY, ST, ZIP	MORGAN HILL CA D	30. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	STRATTON, JAMES D.	32. NAME	
33. STREET ADDRESS	1820 BURNING TREE LANE	33. STREET ADDRESS	
34. CITY, ST, ZIP	DALLAS TX	34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Patricia Sando* PATRICIA SANDO 1/22/96 408.778.9914  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E034 (12/95)