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**FILED**

**Jan 28 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 95037-2825**

3. Date Incorporated or Qualified  
**01/08/1990**

3a. Date of Last Report  
**01/30/1996**

4. FEI Number  
**94-2526430**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

**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

85. Zip Code

**FL**

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, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE  DELETE

NAME **PD SANDO, LOWELL L.**

STREET ADDRESS **3060 PASEO VISTA**

CITY-ST-ZIP **SAN MARTIN CA**

TITLE  DELETE

NAME **S SANDO, PATRICIA A.**

STREET ADDRESS **3060 PASEO VISTA**

CITY-ST-ZIP **SAN MARTIN CA**

TITLE  DELETE

NAME **D HEATH, DONALD M.**

STREET ADDRESS **1160 OLD STATE COURT**

CITY-ST-ZIP **MCLEAN VA**

TITLE  DELETE

NAME **T JASPERSEN, JEROME**

STREET ADDRESS **1025 APPIAN WAY**

CITY-ST-ZIP **MORGAN HILL CA**

TITLE  DELETE

NAME **D STRATTON, JAMES D.**

STREET ADDRESS **1820 BURNING TREE LANE**

CITY-ST-ZIP **DALLAS TX**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE  Change  Addition

1.2 NAME **D Baker, James A.**

1.3 STREET ADDRESS **5282 Arezzo Way**

1.4 CITY-ST-ZIP **San Jose, CA 95138**

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:** \_\_\_\_\_ **CEO 1/21/97 408/778-0896**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)