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Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90102 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P27650

1. Corporation Name
CALIFORNIA DIVERSIFIED SOFTWARE SYSTEMS, INC.



Principal Place of Business 18635 SUTTER BLVD MORGAN HILL CA 95037 US	Mailing Address 18635 SUTTER BLVD MORGAN HILL CA 95037 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/08/1990

4. FEI Number 94-2526430	Applied For Not Applicable
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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 owes the current year Intangible Personal Property Tax. Yes No

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

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANDO, LOWELL L.	
STREET ADDRESS	3060 PASEO VISTA	
CITY-ST-ZIP	SAN MARTIN CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SANDO, PATRICIA A.	
STREET ADDRESS	3060 PASEO VISTA	
CITY-ST-ZIP	SAN MARTIN CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEATH, DONALD M.	
STREET ADDRESS	1160 OLD STATE COURT	
CITY-ST-ZIP	MCLEAN VA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JASPERSEN, JEROME	
STREET ADDRESS	1025 APPIAN WAY	
CITY-ST-ZIP	MORGAN HILL CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STRATTON, JAMES D.	
STREET ADDRESS	1820 BURNING TREE LANE	
CITY-ST-ZIP	DALLAS TX	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAKER, JAMES A	
STREET ADDRESS	5282 AREZZO WAY	
CITY-ST-ZIP	SAN JOSE CA 95138	

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)(l), 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, with all other like empowered.

SIGNATURE: _____ DATE: **4/9/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)