

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90056 029 ***150.00

DOCUMENT # P27650

1. Entity Name

CALIFORNIA DIVERSIFIED SOFTWARE SYSTEMS, INC.

Principal Place of Business

Mailing Address

18635 SUTTER BLVD
 MORGAN HILL CA 95037
 US

18635 SUTTER BLVD
 MORGAN HILL CA 95037-2826
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-2526430

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PD SANDO, LOWELL L.**
 STREET ADDRESS **3060 PASEO VISTA**
 CITY-ST-ZIP **SAN MARTIN CA**

TITLE Change Addition
 NAME **SECRETARY JILL WERDMULLER**
 STREET ADDRESS **18635 SUTTER BLVD**
 CITY-ST-ZIP **MORGAN HILL, CA 95037**

TITLE Delete
 NAME **S SANDO, PATRICIA A.**
 STREET ADDRESS **3060 PASEO VISTA**
 CITY-ST-ZIP **SAN MARTIN CA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HEATH, DONALD M.**
 STREET ADDRESS **1160 OLD STATE COURT**
 CITY-ST-ZIP **MCLEAN VA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T JASPERSEN, JEROME**
 STREET ADDRESS **1025 APPIAN WAY**
 CITY-ST-ZIP **MORGAN HILL CA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D STRATTON, JAMES D.**
 STREET ADDRESS **1820 BURNING TREE LANE**
 CITY-ST-ZIP **DALLAS TX**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BAKER, JAMES A**
 STREET ADDRESS **5282 AREZZO WAY**
 CITY-ST-ZIP **SAN JOSE CA 95138**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jasperse

4/10/00

Date

408/778-9914

Daytime Phone #

CR 11 014 (0000)