

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27650

FILED
May 24, 2004
Secretary of State

Entity Name: CALIFORNIA DIVERSIFIED SOFTWARE SYSTEMS, INC.

Current Principal Place of Business:

18635 SUTTER BLVD
MORGAN HILL, CA 95037 US

New Principal Place of Business:

Current Mailing Address:

18635 SUTTER BLVD
MORGAN HILL, CA 95037 US

New Mailing Address:

FEI Number: 94-2526430 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: SANDO, LOWELL L.,
Address: 18635 SUTTER BLVD
City-St-Zip: MORGAN HILL, CA 95037

Title: S () Delete
Name: MOON, LORIE
Address: 18635 SUTTER BLVD
City-St-Zip: MORGAN HILL, CA 95037

Title: D () Delete
Name: HEATH, DONALD M.,
Address: 1160 OLD STATE COURT
City-St-Zip: MCLEAN, VA

Title: PD () Delete
Name: PRIDHAM, THOMAS
Address: 18635 SUTTER BLVD
City-St-Zip: MORGAN HILL, CA 95037

Title: D () Delete
Name: BAKER, JAMES A
Address: 5282 AREZZO WAY
City-St-Zip: SAN JOSE, CA 95138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORIE MOON

S

05/24/2004

Electronic Signature of Signing Officer or Director

_____ Date