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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90281 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P34300 ✓
 1. Corporation Name
Product Development Corporation

Principal Place of Business Mailing Address
 20 Ragsdale Dr., Suite 100 20 Ragsdale Dr., Suite 100
 Monterey, CA 93940 Monterey, CA 93940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 6/06/91

2. Principal Place of Business 2a. Mailing Address
 21 20 Ragsdale Dr. 26 20 Ragsdale Dr.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 Suite 100 27 Suite 100
 City & State City & State
 23 Monterey, CA 93940 28 Monterey, CA 93940
 Zip Country Zip Country
 24 25 29 30

4. FEI Number Applied For
 95-1591984 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 owes the current year intangible Personal Property Tax. Yes 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 607.0502 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President/Director <input type="checkbox"/> DELETE
NAME	W.B. Clum Jr.
STREET ADDRESS	20 Ragsdale Dr., Suite 100
CITY-ST-ZIP	Monterey, CA 93940
TITLE	Secretary <input type="checkbox"/> DELETE
NAME	Judith H. Carrillo
STREET ADDRESS	20 Ragsdale Dr., Suite 100
CITY-ST-ZIP	Monterey, CA 93940
TITLE	Treasurer/CFO <input type="checkbox"/> DELETE
NAME	David V. Forey
STREET ADDRESS	20 Ragsdale Dr., Suite 100
CITY-ST-ZIP	Monterey, CA 93940
TITLE	Director <input type="checkbox"/> DELETE
NAME	John Clum
STREET ADDRESS	820 Camino Atalaya
CITY-ST-ZIP	Santa Fe, NM 87501
TITLE	Director <input type="checkbox"/> DELETE
NAME	Suzanne Joffray
STREET ADDRESS	The Loomis Chaffe School, Batchelder Rd.
CITY-ST-ZIP	Windsor, CT 06095
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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 attached form, with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 W. B. Clum, Jr., President

4/20/99 (831)333-1100
Date Daytime Phone #

CR2E034 (1/98)