

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000069989 (0)
1. Corporation Name
EIDOS, INC.



Principal Place of Business
615 DELAWARE AVE.
BUFFALO NY 14202

Mailing Address
615 DELAWARE AVE.
BUFFALO NY 14202

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 148 West State Street Suite, Apt. #, etc. 22 City & State Kennett Square, PA Zip 19348 Country		2a. Mailing Address 26 148 West State Street Suite, Apt. #, etc. 27 City & State Kennett Square, PA Zip 19348 Country		3. Date Incorporated or Qualified 10/04/1993		3a. Date of Last Report 03/13/1996	
4. FEI Number 16-1447586		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$5.00 May Be Added to Fee:			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CB	NAME	DELETE	1.1 TITLE	D	1.2 NAME	Michael R. Walker
STREET ADDRESS	651 DELAWARE AVE.	1.3 STREET ADDRESS	148 West State Street	1.4 CITY-ST-ZIP	Kennett Square, PA 19348	1.5 TITLE	D
CITY-ST-ZIP	BUFFALO NY 14202	2.1 TITLE	Richard R. Howard	2.2 NAME	148 West State Street	2.3 STREET ADDRESS	Kennett Square, PA 19348
TITLE	P	NAME	DELETE	2.4 CITY-ST-ZIP	Kennett Square, PA 19348	3.1 TITLE	VP
STREET ADDRESS	651 DELAWARE AVE.	3.2 NAME	George V. Hager, Jr.	3.3 STREET ADDRESS	148 West State Street	3.4 CITY-ST-ZIP	Kennett Square, PA 19348
CITY-ST-ZIP	BUFFALO NY 14202	3.4 CITY-ST-ZIP	Kennett Square, PA 19348	4.1 TITLE	VP	4.2 NAME	James V. McKeon
TITLE	SVP	NAME	DELETE	4.3 STREET ADDRESS	148 West State Street	4.4 CITY-ST-ZIP	Kennett Square, PA 19348
STREET ADDRESS	651 DELAWARE AVE.	5.1 TITLE	S	5.2 NAME	Dra C. Gubernick	5.3 STREET ADDRESS	148 West State Street
CITY-ST-ZIP	BUFFALO NY 14202	5.4 CITY-ST-ZIP	Kennett Square, PA 19348	6.1 TITLE	T	6.2 NAME	Kenneth R. Kuhnle
TITLE	VP	NAME	DELETE	6.3 STREET ADDRESS	148 West State Street	6.4 CITY-ST-ZIP	Kennett Square, PA 19348
STREET ADDRESS	651 DELAWARE AVE.	6.4 CITY-ST-ZIP	Kennett Square, PA 19348				
CITY-ST-ZIP	BUFFALO NY 14202						

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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: _____ DATE: 11/04/97

CR2E034 (4/97)