


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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97 JUL 17 AM 7:16

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 577707  
1. Corporation Name  
SMS LIQUIDATION CORPORATION

Principal Place of Business: 100 REDWOOD SHORES PKWY, REDWOOD CITY, CA 94065  
Mailing Address: 100 REDWOOD SHORES PKWY, REDWOOD CITY, CA 94065

3. Date Incorporated or Qualified: 07/05/1978		3a. Date of Last Report: 4/24/96	
2. Principal Place of Business		2a. Mailing Address	
21	26	4. FEI Number: 58-1329966	
22. Suite, Apt. #, etc.		Applied For: Not Applicable	
23. City & State		5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip		28. City & State	
25. Country		29. City & State	
30. Country		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	AT / AS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, MARK	1.2 NAME	
STREET ADDRESS	100 REDWOOD SHORES PARKWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	REDWOOD CITY, CA 94065	1.4 CITY-ST-ZIP	
TITLE	CFO/D/T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFISTER, PETER A.	2.2 NAME	500002245295-08
STREET ADDRESS	100 REDWOOD SHORES PARKWAY	2.3 STREET ADDRESS	-07/23/97--01089--008
CITY-ST-ZIP	REDWOOD CITY, CA 94065	2.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	P/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMER, JOHN	3.2 NAME	
STREET ADDRESS	100 REDWOOD SHORES PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	REDWOOD CITY, CA 94065	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOREEN R. PENFIELD	4.2 NAME	
STREET ADDRESS	100 REDWOOD SHORES PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	REDWOOD CITY, CA 94065	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 attachment with an address.

SIGNATURE: *Walter R. Russell* 7/16/97 415-610-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)