SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 14 AM 11:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **837234** **(4)**

1. Corporation Name
DEANCO, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2415 N TRIPHAMMER RD PO BOX 4550 ITHACA NY 14852-4550	2415 N TRIPHAMMER RD PO BOX 4550 ITHACA NY 14852-4550

3. Date Incorporated or Qualified: **10/20/1976**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 **3230 Scott Boulevard**
22 Suite, Apt. #, etc.
23 City & State: **Santa Clara, CA**
24 Zip: **95054** 25 County: **Santa Clara**

2a. Mailing Address
26 **Post Office Box 58033**
27 Suite, Apt. #, etc.
28 City & State: **Santa Clara, CA**
29 Zip: **95052-8033** 30 County: **Santa Clara**

4. FEI Number: **16-0874541** ☐ Applied For ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLYNN, JOHN P
7103 UNIVERSITY BLVD
WINTER PARK FL 32792

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	PD	11 TITLE	C ☒ Change ☐ Addition
NAME	DEAN, ROBERT T.	12 NAME	Walsh, William D.
STREET ADDRESS	2415 N TRIPHAMMER RD	13 STREET ADDRESS	3000 Sand Hill Rd., Ste. 140, Bldg. 2
CITY-ST-ZIP	ITHACA NY 14851	14 CITY-ST-ZIP	Menlo Park, CA 94025
TITLE	VD	21 TITLE	CEO ☒ Change ☐ Addition
NAME	GILLOGLY, DOUGLAS N.	22 NAME	Wamsley, Jerry L.
STREET ADDRESS	2415 N. TIPHAMMER RD.	23 STREET ADDRESS	3230 Scott Boulevard
CITY-ST-ZIP	ITHACA NY 14851	24 CITY-ST-ZIP	Santa Clara, CA 95054
TITLE	SD	31 TITLE	P ☒ Change ☐ Addition
NAME	GROSSO, JAMES F.	32 NAME	Cioffi, Ronald
STREET ADDRESS	2415 N TRIPHAMMER RD	33 STREET ADDRESS	3230 Scott Boulevard
CITY ST ZIP	ITHACA NY 14851	34 CITY-ST-ZIP	Santa Clara, CA 95054
TITLE	T	41 TITLE	V ☒ Change ☐ Addition
NAME	SWERBENSKI, WILLIAM	42 NAME	Wehenkel, Robert
STREET ADDRESS	2415 N TRIPHAMMER RD	43 STREET ADDRESS	3230 Scott Boulevard
CITY ST ZIP	ITHACA NY 14850	44 CITY-ST-ZIP	Santa Clara, CA 95054
TITLE	D	51 TITLE	V/S ☒ Change ☐ Addition
NAME	LUNDBERG, CRAIG	52 NAME	Ferris, Robert A.
STREET ADDRESS	2415 N TRIPHAMMER RD	53 STREET ADDRESS	3000 Sand Hill Rd., Ste. 140, Bldg. 2
CITY ST ZIP	ITHACA NY 14851	54 CITY-ST-ZIP	Menlo Park, CA 94025
TITLE	D	61 TITLE	CFO/T/S (Asst.) ☒ Change ☐ Addition
NAME	VAN HOUTTE, RAYMOND	62 NAME	Roth, John
STREET ADDRESS	2415 N. TRIPHAMMER RD.	63 STREET ADDRESS	3230 Scott Boulevard
CITY ST ZIP	ITHACA NY 14851	64 CITY-ST-ZIP	Santa Clara, CA 95054

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: John Roth - John Roth CFO — June 23, 1995 — (408) 654-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0179016 FN