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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 850353 (4)

1. Corporation Name
ADIA SERVICES, INC.

Principal Place of Business Mailing Address

**100 REDWOOD SHORES PARKWAY
REDWOOD CITY CA 94025** **100 REDWOOD SHORES PARKWAY
REDWOOD CITY CA 94025**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/14/1981	3a. Date of Last Report 05/20/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 94-2161806	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	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	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 _____ (Signature, typed or printed name of registered agent and his or her appointor) (NOTE: Registered Agent's signature required when transferring) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUFTS, ROBERT R	12 NAME	
STREET ADDRESS	650 CALIFORNIA STREET	13 STREET ADDRESS	
CITY - ST - ZIP	SAN FRANCISCO CA	14 CITY - ST - ZIP	
TITLE	PD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMER, JOHN P	22 NAME	
STREET ADDRESS	97 DOUGLASS WAY	23 STREET ADDRESS	
CITY - ST - ZIP	ATHERTON CA	24 CITY - ST - ZIP	
TITLE	VD	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWBERRY, JON	32 NAME	T/D
STREET ADDRESS	19177 BROOKVIEW	33 STREET ADDRESS	Peter A. Pfister
CITY - ST - ZIP	SARATOGA CA	34 CITY - ST - ZIP	100 Redwood Shores Parkway Redwood City, CA 94065
TITLE	VAS	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENFIELD, DOREEN	42 NAME	
STREET ADDRESS	13190 VIA BLANC ST	43 STREET ADDRESS	
CITY - ST - ZIP	SARATOGA GA	44 CITY - ST - ZIP	
TITLE	VAT	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBIN, KERRH (delete)	52 NAME	
STREET ADDRESS	7808 FESTIVAL DRIVE	53 STREET ADDRESS	
CITY - ST - ZIP	CUPERTINO CA	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119 (1)(4)(b), Florida Statutes. I further certify that the information included 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 its registered agent, 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 my signature block if any other.

SIGNATURE: *Doreen R. Penfield* **Doreen R. Penfield** **2/9/95** **415-610-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR