

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **850353** (4)

1. Corporation Name
ADIA SERVICES, INC.



Principal Place of Business: **100 REDWOOD SHORES PARKWAY REDWOOD CITY CA 94025**
Mailing Address: **100 REDWOOD SHORES PARKWAY REDWOOD CITY CA 94025**

3. Date incorporated or Qualified: **09/14/1981** 3a. Date of Last Report: **02/27/1995**
4. FEI Number: **94-2161806** 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

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

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: S <input checked="" type="checkbox"/> DELETE	TUFTS, ROBERT R	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: TUFTS, ROBERT R	650 CALIFORNIA STREET	1.2 NAME:	
STREET ADDRESS: 650 CALIFORNIA STREET	SAN FRANCISCO CA	1.3 STREET ADDRESS:	
CITY-ST-ZIP: SAN FRANCISCO CA		1.4 CITY-ST-ZIP:	
TITLE: PD <input type="checkbox"/> DELETE	BOWMER, JOHN P	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: BOWMER, JOHN P	97 DOUGLASS WAY	2.2 NAME:	
STREET ADDRESS: 97 DOUGLASS WAY	ATHERTON CA	2.3 STREET ADDRESS:	
CITY-ST-ZIP: ATHERTON CA		2.4 CITY-ST-ZIP:	
TITLE: VTD <input type="checkbox"/> DELETE	PFISTER, PETER A	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: PFISTER, PETER A	100 REDWOOD SHORES PARKWAY	3.2 NAME:	
STREET ADDRESS: 100 REDWOOD SHORES PARKWAY	REDWOOD CITY CA	3.3 STREET ADDRESS:	
CITY-ST-ZIP: REDWOOD CITY CA		3.4 CITY-ST-ZIP:	
TITLE: VAS <input type="checkbox"/> DELETE	PENFIELD, DOREEN	4.1 TITLE: S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: PENFIELD, DOREEN	13190 VIA BLANC ST	4.2 NAME: Penfield, Doreen	
STREET ADDRESS: 13190 VIA BLANC ST	SARATOGA GA	4.3 STREET ADDRESS: 13190 Via Blanc St.	
CITY-ST-ZIP: SARATOGA GA		4.4 CITY-ST-ZIP: Saratoga, CA 95070	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Doreen Penfield* Date: **4/24/96** Daytime Phone: **415-610-1000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)