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Feb 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 94065-1156**

3. Date Incorporated or Qualified <b>09/14/1981</b>	3a. Date of Last Report <b>04/30/1996</b>
4. FEI Number <b>94-2161806</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28 Zip Country
24	29
25	30

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>TUFTS, ROBERT R</b>
STREET ADDRESS	<b>650 CALIFORNIA STREET</b>
CITY - ST - ZIP	<b>SAN FRANCISCO CA</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>BOWMER, JOHN P</b>
STREET ADDRESS	<b>97 DOUGLASS WAY</b>
CITY - ST - ZIP	<b>ATHERTON CA</b>
TITLE	<b>VTD</b> <input type="checkbox"/> DELETE
NAME	<b>PFISTER, PETER A</b>
STREET ADDRESS	<b>100 REDWOOD SHORES PARKWAY</b>
CITY - ST - ZIP	<b>REDWOOD CITY CA</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>PENFIELD, DOREEN</b>
STREET ADDRESS	<b>13190 VIA BLANC ST</b>
CITY - ST - ZIP	<b>SARATOGA CA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>T</b>
5.3 STREET ADDRESS	<b>Mark Richman</b>
5.4 CITY - ST - ZIP	<b>100 Redwood Shores Parkway</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Redwood City, CA 94065</b>
6.3 STREET ADDRESS	
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: *Doreen R. Penfield* **2/7/97** **415-610-1000**  
Doreen R. Penfield, Secretary DATE Daytime Phone #

CR2E034 (9/96)