

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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/14/1981

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 94-2161806	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

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. City	
84. City	FL
85. Zip Code	

I, 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, if applicable,

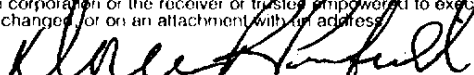
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	BOWMER, JOHN P	1.2 NAME	
STREET ADDRESS	97 DOUGLASS WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATHERTON CA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	PFISTER, PETER A	2.2 NAME	
STREET ADDRESS	100 REDWOOD SHORES PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	REDWOOD CITY CA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	PENFIELD, DOREEN	3.2 NAME	
STREET ADDRESS	13190 VIA BLANC ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARATOGA CA	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	MARK RICHMAN	4.2 NAME	
STREET ADDRESS	100 REDWOOD SHORES PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	REDWOOD CITY CA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	C,P
NAME		5.2 NAME	DEBBIE POND-HEIDE
STREET ADDRESS		5.3 STREET ADDRESS	100 REDWOOD SHORES PARKWAY
CITY-ST-ZIP		5.4 CITY-ST-ZIP	REDWOOD CITY, CA 94065
TITLE		6.1 TITLE	D,VP,CFO, AS
NAME		6.2 NAME	MARK EATON
STREET ADDRESS		6.3 STREET ADDRESS	100 REDWOOD SHORES PARKWAY
CITY-ST-ZIP		6.4 CITY-ST-ZIP	REDWOOD CITY, CA 94065

14. I 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 PENFIELD

3/31/98

650-610-1013

CR2E034 (10/97)