

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
--	---	---

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/14/1981	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25 Suite, Apt. #, etc.	26 City & State
27 Zip	28 Country	29 Zip	30 Country	4. FEI Number 94-2161806	Applied For Not Applicable
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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (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

1.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input 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	C,P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
5.2 NAME	DEBBIE POND-HEIDE		
5.3 STREET ADDRESS	100 REDWOOD SHORES PARKWAY		
5.4 CITY-ST-ZIP	REDWOOD CITY, CA 94065		
6.1 TITLE	D,VP,CFO, AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
6.2 NAME	MARK EATON		
6.3 STREET ADDRESS	100 REDWOOD SHORES PARKWAY		
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 19.07(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* **DOREEN PENFIELD** 3/31/98 650-610-1013

CR2E034 (10/97)