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**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90285 002 \*1,200.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 850353

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  
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

Zip Country

Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **D**  
 NAME **BOWMER, JOHN P**  
 STREET ADDRESS **97 DOUGLASS WAY**  
 CITY-ST-ZIP **ATHERTON CA**

1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE **D**  
 NAME **PFISTER, PETER A**  
 STREET ADDRESS **100 REDWOOD SHORES PARKWAY**  
 CITY-ST-ZIP **REDWOOD CITY CA**

2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **S**  
 NAME **PENFIELD, DOREEN**  
 STREET ADDRESS **13190 VIA BLANC ST**  
 CITY-ST-ZIP **SARATOGA CA**

3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE **T**  
 NAME **MARK RICHMAN**  
 STREET ADDRESS **100 REDWOOD SHORES PARKWAY**  
 CITY-ST-ZIP **REDWOOD CITY CA**

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE **CP**  
 NAME **POND-HEIDE, DEBBIE**  
 STREET ADDRESS **100 REDWOOD SHORES PARKWAY**  
 CITY-ST-ZIP **REDWOOD CITY CA 94065**

5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE **DVCF**  
 NAME **EATON, MARK**  
 STREET ADDRESS **100 REDWOOD SHORES PARKWAY**  
 CITY-ST-ZIP **REDWOOD CITY CA 94065**

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1999 (650) 610-1565  
 Date Daytime Phone #

CR2E034 (1/198)