

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

**FILED**  
**Apr 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 850957 (2)**

1. Corporation Name  
**PRESIDIUM, INC.**



Principal Place of Business <del>225 BRAE BLVD</del> <del>PARK RIDGE NJ 07650-0713</del>	Mailing Address <del>P.O. BOX 786</del> <del>PARK RIDGE NJ 07656-0726</del> <del>US</del>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/09/1981**

2. Principal Place of Business 21 <b>10911 WHITE ROCK RD</b> Suite, Apt. #, etc. 22 <b>STE 100</b> City & State 23 <b>RANCHO CORDOVA CA</b> Zip 24 <b>95670</b>	2a. Mailing Address 26 <b>SAME AS (2.)</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 <b>USA</b>
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4. FEI Number <b>13-3089709</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
85 Zip Code

**FL**

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	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLOVER, PAUL W</b>	1.2 NAME	
STREET ADDRESS	<b>15 GREEN RIDGE LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST HARTFORD CT</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>SR VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SPAFFORD, KENT J</b>	2.2 NAME	<b>DIANA L. HASSE</b>
STREET ADDRESS	<b>515 CABRILLO PARK DR., STE. 312</b>	2.3 STREET ADDRESS	<b>34820 HARPER AVE</b>
CITY-ST-ZIP	<b>SANTA ANA CA</b>	2.4 CITY-ST-ZIP	<b>MT CLEMENS MI 48046</b>
TITLE	<b>CFO</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAUSZ, ROBERT J</b>	3.2 NAME	
STREET ADDRESS	<b>225 BRAE BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PARK RIDGE NJ</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TANOURY, MARK P</b>	4.2 NAME	
STREET ADDRESS	<b>3000 SAND HILL RD., BLDG. 3, STE. 280</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MENO PARK CA</b>	4.4 CITY-ST-ZIP	
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 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.

CFR2E034 (10/97)

4/21/98 810-792-7323