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FILED  
May 11, 1999 8:00 am  
Secretary of State

05-11-1999 90032 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 855651

1. Corporation Name

CONVERGENT TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

2700 N. FIRST STREET  
SAN JOSE CA 95150-6685  
US

P.O. BOX 500 C1SE14  
BLUE BELL PA 19424  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 15 Atlantic Ave  
23 City & State  
Ocean View De  
24 Zip 19970 25 Country

26 Suite, Apt. #, etc.  
27 15 Atlantic Ave  
28 City & State  
Ocean View De  
29 Zip 19970 30 Country

3. Date Incorporated or Qualified

02/28/1983

4. FEI Number

94-2715694

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ 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

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	TVD	<input type="checkbox"/> DELETE
NAME	NOLL, PETER S	
STREET ADDRESS	2700 N. 1ST STREET	
CITY-ST-ZIP	SAN JOSE CA 95150-6685	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GAZERWITZ, GEORGE R	
STREET ADDRESS	2700 N. 1ST STREET	
CITY-ST-ZIP	SAN JOSE CA 95150-6685	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ANDERSON, RONALD C	
STREET ADDRESS	2700 N. 1ST STREET	
CITY-ST-ZIP	SAN JOSE CA 95150-6685	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	SILVERBERG, JACK R.	
STREET ADDRESS	2700 N. 1ST STREET	
CITY-ST-ZIP	SAN JOSE CA 95150-6685	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KEENE, SUSAN T	
STREET ADDRESS	2700 N. 1ST STREET	
CITY-ST-ZIP	SAN JOSE CA 95150-6685	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MURPHY, LAWRENCE P.	
STREET ADDRESS	2700 N. 1ST STREET	
CITY-ST-ZIP	SAN JOSE CA 95150-6685	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	15 Atlantic Avenue
1.4 CITY-ST-ZIP	Ocean View De 19970
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	15 Atlantic Avenue
2.4 CITY-ST-ZIP	Ocean View De 19970
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Susan T. Keene
3.3 STREET ADDRESS	15 Atlantic Avenue
3.4 CITY-ST-ZIP	Ocean View De 19970
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	15 Atlantic Avenue
4.4 CITY-ST-ZIP	Ocean View De 19970
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mary Kay Gould
5.3 STREET ADDRESS	15 Atlantic Avenue
5.4 CITY-ST-ZIP	Ocean View De 19970
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	15 Atlantic Avenue
6.4 CITY-ST-ZIP	Ocean View De 19970

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, with all other like empowered.

SIGNATURE:

Susan T. Keene  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

(215) 986-4744

Daytime Phone #

CR2E034 (11/98)

544887-90032-5

855651

CONVERGENT TECHNOLOGIES, INC.

Officers:

George R. Gazerwitz  
Susan T. Keene  
Peter S. Noll  
Mary Kay Gould  
Lawrence P. Murphy  
Jack R. Silverberg

President  
Vice President and Secretary  
Vice President and Treasurer  
Assistant Secretary  
Assistant Secretary  
Assistant Treasurer

Directors:

Susan T. Keene  
Peter S. Noll

THE ABOVE NAMED OFFICERS AND DIRECTORS CAN BE CONTACTED AT:

Convergent Technologies, Inc.  
15 Atlantic Avenue  
Ocean View, DE. 19970-1372