


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000003051 1. Entity Name SSI COST MANAGEMENT SERVICES, INC.	
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Principal Place of Business 2450 EL CAMINO REAL, STE. 101 PALO ALTO, CA 94306	Mailing Address 2450 EL CAMINO REAL, STE. 101 PALO ALTO, CA 94306
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04092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 77-0328116	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000112558 04/14/04-80028-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, MICHAEL J 8028 RITCHIE HIGHWAY, SUITE 120 PASADENA, MD 21122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORBETT, GARY 2450 EL CAMINO REAL, SUITE 101 PALO ALTO, CA 94306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGLYNN, J. CASEY 650 PAGE MILL ROAD PALO ALTO, CA 94304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DUGAN, DANIEL R 2450 EL CAMINO REAL, SUITE 101 PALO ALTO, CA 94306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALE, BRADLEY 1900 CHARLESTON ROAD MOUNTAIN VIEW, CA 94043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael J. Thomas 4/12/04 4105800943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #