

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90137 012 ***150.00

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1. Corporation Name

RASTER GRAPHICS, INC.

Principal Place of Business

**3025 ORCHARD PKWY
SAN JOSE CA 95134-2017
US**

Mailing Address

**3025 ORCHARD PKWY
SAN JOSE CA 95134-2017
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1993

4. FEI Number

94-3046090

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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 ☐ DELETE

NAME **D LUCIO, LANZA**
STREET ADDRESS **2180 SSND HILL RD #200**
CITY-ST-ZIP **MENLO PARK CA**

TITLE ☐ DELETE

NAME **D CASE, CHARLIE**
STREET ADDRESS **540 HIGHLAND ST**
CITY-ST-ZIP **N MARSHFIELD MA 02059**

TITLE ☐ DELETE

NAME **PCEO KUMAR, RAK**
STREET ADDRESS **535 EL ARROYO**
CITY-ST-ZIP **HILLSBOROUGH CA**

TITLE ☒ DELETE

NAME **V NARDECCHIA, SEBASTIAN**
STREET ADDRESS **1394 VAN PATTEN DRIVE**
CITY-ST-ZIP **DANVILLE CA 94526**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

NAME **D Promod Hague**
STREET ADDRESS **245 Lytton Avenue, Suite 250**
CITY-ST-ZIP **Palo Alto, CA 94301**

2.1 TITLE ☐ Change ☐ Addition

NAME **Acting CFO**
STREET ADDRESS **Kathy J. Bagby.**
CITY-ST-ZIP **3025 Orchard Parkway
San Jose, CA 95134**

3.1 TITLE ☐ Change ☐ Addition

NAME **D Delbert W. Yocam**
STREET ADDRESS **3025 Orchard Parkway**
CITY-ST-ZIP **San Jose, CA 95134**

4.1 TITLE ☐ Change ☐ Addition

NAME **VP Marc Willard**
STREET ADDRESS **3025 Orchard Parkway**
CITY-ST-ZIP **San Jose, CA 95134**

5.1 TITLE ☐ Change ☐ Addition

NAME **S Michael W. Hall**
STREET ADDRESS **135 Commonwealth Drive**
CITY-ST-ZIP **Menlo Park, CA 94025**

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director
Rakesh Kumar, President and CEO

2/9/99

Date

408 232-4000

Daytime Phone #

CR2E034 (1/98)