FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:00

DOCUMENT # **F93000005359 (5)**

1. Corporation Name
NOVADYNE COMPUTER SYSTEMS, INC.

Principal Place of Business
1700 E. ST. ANDREW PL.
SANTA ANA CA 92705

Mailing Address
P.O. BOX 35060
SANTA ANA CA 92705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/24/1993
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21 17771 Cowan
Suite, Apt. #, etc.
22 ATTN: TAX DEPT
City & State
23 Irvine, CA
Zip 24 92714 County 25 Orange

2a. Mailing Address
26 17771 Cowan
Suite, Apt. #, etc.
27 ATTN: TAX DEPT
City & State
28 Irvine, CA
Zip 29 92714 County 30 Orange

4. FEI Number: 33-0585979 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST, STE 105
SUITE 105
TALLAHASSEE FL 32301

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 Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LAURENCE, ROBERT B	12 NAME	
STREET ADDRESS	1700 E. ST. ANDREW PL.	13 STREET ADDRESS	
CITY, ST, ZIP	SANTA ANA CA 92705	14 CITY, ST, ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	MARTIN, ROBERT S	22 NAME	
STREET ADDRESS	1700 E. ST. ANDREW PL.	23 STREET ADDRESS	
CITY, ST, ZIP	SANTA ANA CA 92705	24 CITY, ST, ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	KINTSCH, HANS J	32 NAME	
STREET ADDRESS	1700 E ST ANDREW PL	33 STREET ADDRESS	
CITY, ST, ZIP	SANTA ANA CA	34 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I/We hereby certify that the information supplied with this filing complies with the requirements of Section 607.1622, 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 added above.

SIGNATURE [signature] 2/6/95 714-798-4121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402480 FP