

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000005359 (5)

1. Corporation Name

NOVADYNE COMPUTER SYSTEMS, INC.



Principal Place of Business

Mailing Address

17771 COWAN
ATTN: TAX DEPT
IRVINE CA 92714
US

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ATTN: TAX DEPT
IRVINE CA 92714
US

3. Date Incorporated or Qualified
11/24/1993

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 11490 Commerce Park Dr. #400

26 11490 Commerce Park Dr. #400

4. FEI Number
33-0585979

Applied For
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Attn: Tax Dept.

27 Attn: Tax Dept.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23 Reston, VA

28 Reston, VA

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

Zip Country

Zip Country

24 20191-1532

25

29 20191-1532

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LAURENCE, ROBERT B
STREET ADDRESS 1700 E. ST. ANDREW PL.
CITY-ST-ZIP SANTA ANA CA 92705

☐ DELETE

11 TITLE VS
12 NAME Hans J. Kintsch
13 STREET ADDRESS 17771 Cowan
14 CITY-ST-ZIP Irvine, CA 92714

☒ Change ☐ Addition

TITLE ST
NAME MARTIN, ROBERT S
STREET ADDRESS 1700 E. ST. ANDREW PL.
CITY-ST-ZIP SANTA ANA CA 92705

☒ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME KINTSCH, HANS J
STREET ADDRESS 1700 E ST ANDREW PL
CITY-ST-ZIP SANTA ANA CA

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, change or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/96 (703) 716-7823

CR2E034 (3/96)