


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

FILED

Mar 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F93000005499 (9) 1. Corporation Name CLAYTON GROUP, INC.		



Principal Place of Business 9501 HWY 92 EAST TAMPA FL 33610	Mailing Address 9501 HWY 92 EAST TAMPA FL 33610
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 12/03/1993	
4. FEI Number 04-3021921		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent WILLIAMS, JAMES C JR 9501 HWY 92 EAST TAMPA FL 33610			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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, WILLIAM D.	1.2 NAME	
STREET ADDRESS	3000 SAND HILL ROAD, BLDG. 2, SUITE 140	1.3 STREET ADDRESS	
CITY-ST-ZIP	MENOL PARK CA	1.4 CITY-ST-ZIP	Menlo Park CA 94025
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMPKINS, WILLIAM D	2.2 NAME	
STREET ADDRESS	SUWARCH DRIVE, #8	2.3 STREET ADDRESS	#8 Seawatch Dr.
CITY-ST-ZIP	BOCA GRANDE FL	2.4 CITY-ST-ZIP	Boca Grande FL 33921
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORRIS, ROBERT	3.2 NAME	Forris, Robert A.
STREET ADDRESS	3000 SAND HILL ROAD, BLDG. 2, SUITE 140	3.3 STREET ADDRESS	
CITY-ST-ZIP	MENOL PARK CA	3.4 CITY-ST-ZIP	Menlo Park CA 94025
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEACH, J. FRANK	4.2 NAME	Vollmershausen, DENNIS
STREET ADDRESS	3000 SAND HILL ROAD, BLDG. 2, SUITE 140	4.3 STREET ADDRESS	160 HAITLAND RD.
CITY-ST-ZIP	MENOL PARK CA	4.4 CITY-ST-ZIP	Goderich, Ontario, Canada N7A 3Y6
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JAMES C.	5.2 NAME	
STREET ADDRESS	9501 HWY 92 E	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ODDIS, ALVO M	6.2 NAME	Costantino, John R.
STREET ADDRESS	9501 HWY 92 EAST	6.3 STREET ADDRESS	150 East 98th St.
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	NEW YORK NY 10155

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.

SIGNATURE *[Signature]* DATE *3/17/98* (93) 621 778/

CR2E034 (10/97)