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

APPROVED AND FILED
95 APR 19 AM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001418 (2)

1. Corporation Name
WEST COAST INFORMATION SYSTEMS, INC.

Principal Place of Business	Mailing Address
1901 OLYMPIC BLVD. WALNUT CREEK CA 94598	1901 OLYMPIC BLVD. WALNUT CREEK CA 94598

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/21/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1600 SO. MAIN ST.	26 1600 SO. MAIN ST.
Suite, Apt. #, etc. 22 SUITE 300	Suite, Apt. #, etc. 27 SUITE 300
City & State 23 WALNUT CREEK, CA	City & State 28 WALNUT CREEK, CA
Zip / Country 24 94596 / 25 USA	Zip / Country 29 94596 / 30 USA

4. FEI Number: 94-3028297 ☐ 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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	11 TITLE	PCD	☒ Change ☐ Addition
NAME	ADAMS, CHARLES R	12 NAME		
STREET ADDRESS	1901 OLYMPIC BLVD.	13 STREET ADDRESS	1600 SOUTH MAIN STREET; SUITE 300	
CITY-ST-ZIP	WALNUT CREEK CA 94596	14 CITY-ST-ZIP	WALNUT CREEK, CA 94596	
TITLE	DV	21 TITLE		☒ Change ☐ Addition
NAME	HALPERIN, DOUGLAS A	22 NAME		
STREET ADDRESS	1901 OLYMPIC BLVD.	23 STREET ADDRESS	1600 SOUTH MAIN STREET, SUITE 300	
CITY-ST-ZIP	WALNUT CREEK CA 94596	24 CITY-ST-ZIP	WALNUT CREEK, CA 94596	
TITLE	DTS	31 TITLE		☒ Change ☐ Addition
NAME	HOHNSBEEN, RONALD G	32 NAME		
STREET ADDRESS	1901 OLYMPIC BLVD.	33 STREET ADDRESS	1600 SOUTH MAIN STREET; SUITE 300	
CITY-ST-ZIP	WALNUT CREEK CA 94596	34 CITY-ST-ZIP	WALNUT CREEK, CA 94596	
TITLE		41 TITLE	V	☒ Change ☐ Addition
NAME		42 NAME	VON DOLLEN, FREDERICK J.	
STREET ADDRESS		43 STREET ADDRESS	1600 SOUTH MAIN STREET; SUITE 300	
CITY-ST-ZIP		44 CITY-ST-ZIP	WALNUT CREEK, CA 94596	
TITLE		51 TITLE	AT/AS	☒ Change ☐ Addition
NAME		52 NAME	FRATES, SUE	
STREET ADDRESS		53 STREET ADDRESS	1600 SOUTH MAIN STREET; SUITE 300	
CITY-ST-ZIP		54 CITY-ST-ZIP	WALNUT CREEK, CA 94596	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: Ronald G. Hohnsbeen RONALD G. HOHNSBEEN 14 APR. 95 510-930-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

640R95 PP