FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

F94000001641 (9)

DOCUMENT # F9400001641 (9)													
TITAN INFORMATION SYSTEMS CORPORATION													
Principal Place of Business				Mailing Address					BINGO NING NGUN GUG UN B a nin da				
3033 SCIENCE PARK RD SAN DIEGO CA 92121				3033 SCIENCE PARK RD SAN DIEGO CA 92121									
								3. Date Inc 03/3	corporated or Qualified 31/1994	3a . D	ate of Last F 05/16/1 9		
2. Principal Pi	2. Principal Place of Business			2a. Mailing Address				4. FEI Number 33-0591074			Applied For		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				Not Approx			Not Applicable		
22			27	L			5. Certifica	ite of Status Desired			Additional Required		
City & State				City & State				Campaign Financing		\$5.0	May Be		
Zip	Zip Coun			Zip					ind Contribution poration has liability for			d to Fees	
24	2:		29		30			Florida S	Statutes 🔲 Yes	intangible No	tax under s	199.032,	
	9. Name a	nd Address of Current	Regis	tered Agent			1		and Address of New F	Registere	d Agent		
THE PRENTICE-HALL CORPORATION SYSTEM, INC.						81	Name						
1201 HAYS ST			• (L.(()	TEM, INO.		82	Street	t Address (P.O. Box N	ddress (P.O. Box Number is Not Acceptable)				
SUITE		•			83								
TALLAH	HASSEE FL 3					City				lat 7	. 6. (
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, or registered agent, or both, in the State of Florida. Such change was authorized the familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 						84				F		p Code	
or register familiar wit	ed agent, or bo	oth, in the State of Florida the obligations of, Section	a Such	change was authorize	es, the a ed by th	above-r ne corp	named o pration's	corporation submits the s board of directors. I	is statement for the pur hereby accept the appo	pose of continent a	hanging its r as registered	egistered office Lagent Lam	
SIGNATURE	on and aboxing	ore conganons or, accept	#1 O.77.C	7305, FIORIOA STATUTES									
	Signature, typed or p	onted name of registered agent ar			*********	commenced advanced	signature	required when reinstitling)		DATE			
12. TITLE	CD	OFFICERS AND	DIREC	TORS DELETE		3.		ADDITIO	NS/CHANGES TO OFF	ICERS AN		PRS IN 12	
NAME	RAY, GE	SCIENCE PARK RD		<u>[</u>] 5000		1 THLE 2 NAME					Change	Addition	
STREET ADDRESS	3033 SCI						ADDRESS						
CITY-ST-ZIP	SAN DIE	30 CA				1.4 CITY - ST - ZIP							
TITLE	D	OIDMEN		DELETE		1 HILE		<u> </u>			Change	Addition	
NAME		3, J. Sidney Science Park RD				2 NAME					-		
STREET ADDRESS CITY-ST-ZIP	SAN DIEC					2.3 STHEET ADDRESS							
TITLE	PD		[] DELETE			2.4 CITY- S7 - 7IP 3. 1 TITLE				·			
NAME	JUDGE, FRED L		Bucce			1 HILE 2 NAME		İ			☐ Change	Addition	
STREET ADDRESS	SAN DIEGO CA						ADDRESS						
CITY-ST-ZIP						3 4 CITY-ST-ZIP							
TITLE	VI VI			DELETE		1 TITLE		• • • • • • • • • • • • • • • • • • • •			Change	Addition	
NAME STORET ACODOLGO	SMULL, SCOTT C 3033 SCIENCE PARK RD					4.2 NAME					•		
STREET ADDRESS CITY-ST-ZIP	SAN DIEG					STREET						*	
TITLE	S	S DELETE			4.4 CHY-SI-ZIP 5.1 HILE					F 1 0			
NAME		N, D. MARSHALL		/~	5.1 s			DAVID A	VID A. HAHN		Change	☐ Addition	
STREET ADDRESS		HENCE PARK RD				STREET	ADDRESS	3033 501	ENCE PARK	RD.		1	
CITY-ST-ZIP	SAN DIEG	O CA				CHY-ST		SAN DIE	ENCE PARK GO, CA 92	121			
TITLE				DELETE	6	1 TITLE					Change	Addition	
NAME SIRGET ADDRESS						NAME							
STREET ADDRESS CITY-ST-ZIP						STREET						i	
	certify that the	information supplied wit	hthsfi	ing is voluntarily fumis	shed an	CITY-SI	-ZIP	life for the evenest's	atalog in Contract to a				

certify that the information indicated on this annual report or supplied 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96 (619) 552-9500