


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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000005752 (0)**

1. Corporation Name

AQUA TERRA CONSULTANTS, INC.

Principal Place of Business

2672 BAYSHORE PKWY
MOUNTAIN VIEW CA 94043-1011
US

Mailing Address

2672 BAYSHORE PARKWAY
MOUNTAIN VIEW CA 94043-1011
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1994

4. FEI Number

94-2972392

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2685 MARINE WAY	26 2685 MARINE WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 1314	27 SUITE 1314
City & State	City & State
23 MOUNTAIN VIEW CA	28 MOUNTAIN VIEW CA
Zip	Zip
24 94043	29 94043
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONIGIAN, ANTHONY S	1.2 NAME	
STREET ADDRESS	2672 BAYSHORE PKWY., #1001	1.3 STREET ADDRESS	2685 MARINE WAY, STE 1314
CITY-ST-ZIP	MOUNTAIN VIEW CA 94043	1.4 CITY-ST-ZIP	MOUNTAIN VIEW CA 94043
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONIGIAN, NANCY A	2.2 NAME	
STREET ADDRESS	2672 BAYSHORE PKWY., #1001	2.3 STREET ADDRESS	2685 MARINE WAY, STE 1314
CITY-ST-ZIP	MOUNTAIN VIEW CA 94043	2.4 CITY-ST-ZIP	MOUNTAIN VIEW CA 94043
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BICKNELL, BRIAN	3.2 NAME	
STREET ADDRESS	2672 BAYSHORE PKWY., #1001	3.3 STREET ADDRESS	2685 MARINE WAY, STE 1314
CITY-ST-ZIP	MOUNTAIN VIEW CA 94043	3.4 CITY-ST-ZIP	MOUNTAIN VIEW CA 94043
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IMHOFF, JOHN	4.2 NAME	
STREET ADDRESS	725 MAIN STREET	4.3 STREET ADDRESS	735 MAIN STREET
CITY-ST-ZIP	OURAY CO	4.4 CITY-ST-ZIP	OURAY CO 81427
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANDONAY, MARY	5.2 NAME	
STREET ADDRESS	2672 BAYSHORE PKWY., #1001	5.3 STREET ADDRESS	2685 MARINE WAY, STE 1314
CITY-ST-ZIP	MOUNTAIN VIEW CA	5.4 CITY-ST-ZIP	MOUNTAIN VIEW CA 94043
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **MARY SHANDONAY, ADMIN VP** 1/19/98 650 962-1864

CR2E034 (10/97)