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 MAR 14 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006269 (4)

1. Corporation Name
FORMATIVE TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
661 ANDERSEN DR., FOSTER PLAZA 7 PITTSBURGH PA 15220	661 ANDERSEN DR., FOSTER PLAZA 7 PITTSBURGH PA 15220

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/08/1994
3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 25-1422859 ☐ 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

THE PRENTICE HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA ST.
TALLAHASSEE FL 32301

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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	KUTAY, ALI R	1.2 NAME		
STREET ADDRESS	456 HALE ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALO ALTO CA 94301	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	LEINHARDT, SAMUEL	2.2 NAME		
STREET ADDRESS	4341 SCHENLEY FARMS TERRACE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURG PA 15213	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☑ Change ☐ Addition
NAME	ZUMBO, VICENT F	3.2 NAME	ZUMBO, VINCENT F	
STREET ADDRESS	350 SHARON PARK DR., #M-1	3.3 STREET ADDRESS		
CITY-ST-ZIP	MENLO PARK CA 94025	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	BOLE, JAMES	4.2 NAME		
STREET ADDRESS	1109 FOXHURST WAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE CA 95120	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, DEAN O	5.2 NAME		
STREET ADDRESS	4500 PARK GRANADA BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	CALABASAS CA 91399	5.4 CITY-ST-ZIP		
TITLE	C	6.1 TITLE		☐ Change ☐ Addition
NAME	ARAKI, M S	6.2 NAME		
STREET ADDRESS	1111 LOCKHEED WAY	6.3 STREET ADDRESS		
CITY-ST-ZIP	SUNNYVALE CA 94089	6.4 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: Vincent F. Zumbo VINCENT F. ZUMBO 2/27/95 412 937-4900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0474841 FP