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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000006269 (4)**

1. Corporation Name
FORMATIVE TECHNOLOGIES, INC.

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

Mailing Address
661 ANDERSEN DR., FOSTER PLAZA 7
PITTSBURGH PA 15220

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/08/1994

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____
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**	☐ DELETE	1.1 TITLE	BOARD CHAIRMAN	☐ Change ☑ Addition
NAME	**KUTAY, ALI R**		1.2 NAME	GARY MANN	
STREET ADDRESS	**456 HALE ST.**		1.3 STREET ADDRESS	12506 LAKE underhill Rd.	
CITY-ST-ZIP	**PALO ALTO CA 94301**		1.4 CITY-ST-ZIP	ORLANDO FL. 32825-5002	
TITLE	**V**	☑ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	**LEINHARDT, SAMUEL**		2.2 NAME	DONALD WESTERHEIDE	
STREET ADDRESS	**4341 SCHENLEY FARMS TERRACE**		2.3 STREET ADDRESS	6901 Rockledge Dr.	
CITY-ST-ZIP	**PITTSBURG PA 15213**		2.4 CITY-ST-ZIP	Bethesda Md. 20817	
TITLE	**V**	☐ DELETE	3.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	**ZUMBO, VINCENT F**		3.2 NAME	WILLIAM FIRMAN	
STREET ADDRESS	**108 SUNRISE LANE**		3.3 STREET ADDRESS	12506 LAKE UNDERHILL Rd.	
CITY-ST-ZIP	**VENETIA PA**		3.4 CITY-ST-ZIP	ORLANDO FL. 32825-5002	
TITLE	**V**	☐ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	**BOLE, JAMES**		4.2 NAME	MIKE HENSHAW	
STREET ADDRESS	**1109 FOXHURST WAY**		4.3 STREET ADDRESS	1111 LOCKHEED WAY	
CITY-ST-ZIP	**SAN JOSE CA 95120**		4.4 CITY-ST-ZIP	SUNNYVALE CA 94089	
TITLE	**D**	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	**CLEVELAND, JOSEPH**		5.2 NAME		
STREET ADDRESS	**12506 LAKE UNDERHILL DRIVE**		5.3 STREET ADDRESS		
CITY-ST-ZIP	**ORLANDO FL**		5.4 CITY-ST-ZIP		
TITLE	**D**	☑ DELETE	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**		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 _____ 4/17/98 407-937-1000