

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

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90003 019 ***150.00
09-21-1999 90003 020 ***400.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000006269

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/08/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 25-1422859	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. ☐ 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
		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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
	PD KUTAY, ALI R	456 HALE ST.	PALO ALTO CA 94301	☒ DELETE	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
	BC MANN, GARY	12506 LAKE UNDERHILL RD	ORLANDO FL 32825	☒ DELETE	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
	V ZUMBO, VINCENT F	108 SUNRISE LANE	VENETIA PA	☒ DELETE	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
	V BOLE, JAMES	1109 FOXHURST WAY	SAN JOSE CA 95120	☒ DELETE	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
	D CLEVELAND, JOSEPH	12506 LAKE UNDERHILL DRIVE	ORLANDO FL	☒ DELETE	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
	D WESTERHEIDE, DONALD	6801 ROCKLEDGE DR	BETHSEDA MD 20817	☒ DELETE	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP		
	VICE President	Dennis Scanlon	2770 De la Cruz BLVD	☐ Change ☒ Addition	
		Santa Clara Ca	95050		
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP		
	Director	Renata Baker	6801 Rockledge Dr	☐ Change ☒ Addition	
		Bethesda Md	20817		
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP		
	Director	Lillian Trippet	6801 Rockledge Dr	☐ Change ☒ Addition	
		Bethesda Md	20817		
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP		
	Director	Maryanne Block	6801 Rockledge Dr	☐ Change ☒ Addition	
		Bethesda Md	20817		
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
				☐ Change ☐ Addition	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP		
				☐ Change ☐ Addition	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/99

408-450-7196

Date Daytime Phone #

CR2E034 (1/198)