

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000000664 (1)

1. Corporation Name

INTELLICORP, INC.

Principal Place of Business

Mailing Address

1975 EL CAMINO REAL WEST
MOUNTAIN VIEW CA 94040-2216

1975 EL CAMINO REAL WEST
MOUNTAIN VIEW CA 94040-2216



2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

02/09/1995

4. FEI Number

Applied For

Not Applicable

94-2756073

5. Certificate of Status Desired

X

\$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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
HAAS, KENNETH H
1975 EL CAMINO REAL WEST
MOUNTAIN VIEW CA

□ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
D
HOLLANDER, MARTIN
1975 EL CAMINO REAL WEST
MOUNTAIN VIEW CA 94040

□ Change

□ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BRANSCOMB, KATHERINE C
1975 EL CAMINO REAL WEST
MOUNTAIN VIEW CA

□ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
V
Colin Bodell
1975 El Camino Real West
Mountain View CA 94040

□ Change

□ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GRAZIANO, JOSEPH A
1975 EL CAMINO REAL WEST
MOUNTAIN VIEW CA

□ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
M
Loeb, David
1975 El Camino Real West
Mountain View, CA 94040

□ Change

□ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LANDRY, JOHN B
1975 EL CAMINO REAL WEST
MOUNTAIN VIEW CA

□ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
SUTTON, PAUL
1975 EL CAMINO REAL WEST
MOUNTAIN VIEW CA

□ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
HILKER, NANCY J
1975 EL CAMINO REAL WEST
MOUNTAIN VIEW CA

□ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)