SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

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Zip

City & State



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Aug 02, 1999 8:00 am Secretary of State

08-02-1999 90015 030 \*\*\*550.00

DO NOT WRITE IN THIS SPACE

DOCUMENT #  1. Corporation Name	F950000037	62
COMMUNICATIONS	& POWER INDUSTRIES,	INC.

Principal Place of Business Mailing Address 607 HANSEN WAY 607 HANSEN WAY PALO ALTO CA 94304 PALO ALTO CA 94304 3. Date Incorporated or Qualified 2. Principal Place of Business 2a. Mailing Address 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc.

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Zip

City & State

08/03/1995 4. FEI Number Applied For 77-0405693 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes the current year Intangible Personal Property. Yes 30 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)

CORPAMERICA, INC. 1525 SOUTH ANDREWS AVE. STE. 216 FT. LAUDERDALE FL 33316

Country

9. Name and Address of Current Registered Agent

84 City 85 Zip Code

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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. PDCE 1.1 TITLE **PDCF** X Addition TITI F T¥ DELETE Change RUTLEDGE, WILLIAM P. WILUNOWSKI, ALPHONSE D 1.2 NAME NAME 607 HANSEN WAY 607 HANSEN WAY 1.3 STREET ADDRESS STREET ADDRESS PALO ALTO CA 94303 PALO ALTO CA 94304 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE Change TITLE DELETE GREEN, LEONARD I 2.2 NAME NAME 11111 SANTA MONICA BLVD 2.3 STREET ADDRESS STREET ADDRESS LOS ANGELES CA 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE Change Addition TITLE DELETE DANHAKL, JOHN G 3.2 NAME 11111 SANTA MONICA BLVD STREET ADDRESS 3.3 STREET ADDRESS LOS ANGELES CA 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE TITLE DELETE ANNICK, GREGORY J 4.2 NAME NAME 11111 SANTA MONICA BLVD 4.3 STREET ADDRESS STREET ADDRESS LOS ANGELES CA 4.4 CITY-ST-ZIP CITY-ST-ZIP ST 5.1 TITLE TITLE DELETE \_\_ Change Addition HARVEY, LYNN 5.2 NAME 607 HANSEN WAY 5.3 STREET ADDRESS STREET ADDRESS PALO ALTO CA 94304 5.4 CITY-ST-ZIP CITY-ST-ZIP CF0 6.1 TITLE TITLE DELETE \_\_ Change HARVEY, LYNN 6.2 NAME NAME **607 HANSEN WAY** 6.3 STREET ADDRESS STREET ADDRESS PALO ALTO CA 94304 CITY-ST-ZIP 6.4 CITY-ST-ZIP

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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:

Daytime Phone #

CR2E034