


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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90049 012 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000005402**

1. Corporation Name
PEOPLESOF, INC.



Principal Place of Business 4440 ROSEWOOD DR PLEASANTON CA 94588 US	Mailing Address 4305 HACIENDA DR PLEASANTON CA 94588 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4460 Hacienda Dr. Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 11/03/1995
22 City & State 23 Pleasanton, CA Zip Country 24 94588 25 USA		27 City & State 28 Zip Country 29 30	4. FEI Number 68-0137069 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET 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
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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	PDCE DUFFIELD, DAVID A 4440 ROSEWOOD DR PLEASANTON CA	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	4460 Hacienda Dr.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Pleasanton, CA 94588
TITLE	VD DUFFIELD, ALBERT W 4440 ROSEWOOD DR PLEASANTON CA	2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	4460 Hacienda Dr.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Pleasanton, CA 94588
TITLE	VSC Codd, RONALD E 4305 HACIENDA DR PLEASANTON CA	3.1 TITLE	Secretary, CFO, SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Alfred J. Castino
STREET ADDRESS		3.3 STREET ADDRESS	4460 Hacienda Dr.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Pleasanton, CA 94588
TITLE	D Codd, EDGAR F 4305 HACIENDA DR PLEASANTON CA	4.1 TITLE	SVP, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Aneel Bhusri
STREET ADDRESS		4.3 STREET ADDRESS	4460 Hacienda Dr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Pleasanton, CA 94588
TITLE	D STILL, GEORGE J JR 4305 HACIENDA DR PLEASANTON CA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D YANSOUNI, CYRIL J 4305 HACIENDA DR PLEASANTON CA	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 a dated and signed statement.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)