

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



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000240

1. Corporation Name

CREATIVE COMPUTER SOLUTIONS, INC.

Principal Place of Business

5994 W. LAS POSITAS BLVD
SUITE 123
PLEASANTON CA 94588

Mailing Address

5994 W. LAS POSITAS BLVD
SUITE 123
PLEASANTON CA 94588

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1996

4. FEI Number

94-2665626

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUCKENHAM, N R	
STREET ADDRESS	5994 W. LAS POSITAS BLVD, SUITE 123	
CITY-ST-ZIP	PLEASANTON CA 94588	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	CLARKE, JANET C	
STREET ADDRESS	5994 W. LAS POSITAS BLVD, SUITE 123	
CITY-ST-ZIP	PLEASANTON CA 94588	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, STEPHEN E	
STREET ADDRESS	5994 W. LAS POSITAS BLVD, SUITE 123	
CITY-ST-ZIP	PLEASANTON CA 94588	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MALBOEUF, EDMUND	
STREET ADDRESS	5994 W. LAS POSITAS BLVD, SUITE 123	
CITY-ST-ZIP	PLEASANTON CA 94588	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MONTGOMERY, HENRY	
STREET ADDRESS	5994 W. LAS POSITAS BLVD, SUITE 123	
CITY-ST-ZIP	PLEASANTON CA 94588	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALSH, BRIAN	
STREET ADDRESS	5994 W. LAS POSITAS BLVD, SUITE 123	
CITY-ST-ZIP	PLEASANTON CA 94588	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director & Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gregory R. Clarke	
1.3 STREET ADDRESS	5994 W. Las Positas Blvd., Suite 123	
1.4 CITY-ST-ZIP	Pleasanton, CA 94588	
2.1 TITLE	Director & Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stephen Anderson	
2.3 STREET ADDRESS	5994 W. Las Positas Blvd., Suite 123	
2.4 CITY-ST-ZIP	Pleasanton, CA 94588	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert McCoy	
3.3 STREET ADDRESS	5994 W. Las Positas Blvd., Suite 123	
3.4 CITY-ST-ZIP	Pleasanton, CA 94588	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John Pearce	
4.3 STREET ADDRESS	5994 W. Las Positas Blvd., Suite 123	
4.4 CITY-ST-ZIP	Pleasanton, CA 94588	
5.1 TITLE	Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Darrell Garner	
5.3 STREET ADDRESS	5994 W. Las Positas Blvd., Suite 123	
5.4 CITY-ST-ZIP	Pleasanton, CA 94588	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(f), 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:

SIGNATURE REQUIRED

8/9/99

(925)847-3838

CR2E034 (5/99)

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90003 045 ***550.00

