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

PROFIT CORPORATION ANNUAL REPORT

1998

14

P. C. L. C.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F96000000651 DOCUMENT #

EXTENDED SYSTEMS OF IDAHO, INCORPORATED

FILED May 18 1998 8:00am Secretary of State

Principal Place of Business Mailing Address P.O. BOX 4937 P.O. BOX 4937 **BOISE ID 83711 BOISE ID 83711** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 82-0392660 26 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Country 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JENKINS, JAY Corporation System 5911 TAMPA SHORES BLVD. Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33615** 63 1200 South Pine Island Road 84 City 85 Zip Code 33324 Plantation 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 poard of directors. Hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Scot Ferraro, Assistant Secretary

Senator to del ordente from all ordente area and all the deans the (NOII) Registered Agent Signature April 20, 1998 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE WINTERROWD, DOUGLAS NAME 1.2 NAME 5777 N. MEEKER AVE. STREET ADDRESS 1.3 STREET ADDRESS **BOISE ID** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition 21 THLE TITLE SMELEK, RAY NAME 2.2 NAME 5777 N. MEEKER AVE. STREET ADDRESS 2.3 STREET ADDRESS **BOISE ID** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE JOPSON, CHUCK NAME 3.2 NAME 5777 N. MEEKER AVE. STREET ADDRESS 3.3 STREET ADDRESS **BOISE ID** CITY-ST-ZIP 3.4. CITY - \$1 - ZIP TITLE DELETE 4.1 TITLE Addition WIMER, TED NAME 4. 2 NAM6 5777 N. MEEKER AVE. STREET ADDRESS 4.3 STREET ADDRESS **BOISE ID** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE ROSA, KARLA NAME 5.2 NAME **5777 N MEEKER AVE** STREET ADDRESS 5.3 STHEFT ADDRESS **BOISE ID** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - 7IP

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 suppliemental 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 trusted 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.