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PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 APR 22 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F96000001279 (6)
1. Corporation Name
ILLGEN SIMULATION TECHNOLOGIES, INC.

Principal Place of Business: **130 ROBIN HILL ROAD, SUITE 200 GOLETA CA 93117**
Mailing Address: **130 ROBIN HILL ROAD, SUITE 200 GOLETA CA 93117**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
22 City & State	29 Zip	30 Zip	Country
23 Country	25 Country	29 Country	30 Country

3. Date Incorporated or Qualified 03/13/1996	
4. FEI Number 77-0178186	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HUDSON, IRWIN
RESEARCH COMMONS OFFICE BLDG.
12249 SCIENCE DR., SUITE 200
ORLANDO FL 32828**

10. Name and Address of New Registered Agent

81 Name F & L Corp.
82 Street Address (P.O. Box Number is Not Acceptable) The Greenleaf Building
83 200 Laura Street, 3d Floor
84 City Jacksonville, FL
85 Zip Code 32202-3527

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 is 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 607.0905, Florida Statutes.

SIGNATURE John A. Sanders, As Agent *[Signature]* **4/20/98**
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	CP	<input type="checkbox"/>
NAME	ILLGEN, JOHN D	
STREET ADDRESS	130 ROBIN HILL ROAD, SUITE 200	
CITY-ST-ZIP	GOLETA CA 93117	
TITLE	D	<input type="checkbox"/>
NAME	GANTT, JARVIS	
STREET ADDRESS	13117 HUMPHREY ST.	
CITY-ST-ZIP	AUSTIN TX 78729	
TITLE	D	<input type="checkbox"/>
NAME	HANISEE, ROBERT	
STREET ADDRESS	865 S. FIGUEROA ST.	
CITY-ST-ZIP	LOS ANGELES CA 90017	
TITLE	D	<input type="checkbox"/>
NAME	ROBERTS, LARRY	
STREET ADDRESS	3000 SAND HILL RD., BLDG. ONE, STE. 170	
CITY-ST-ZIP	MENLO PARK CA 94025	
TITLE	VT	<input checked="" type="checkbox"/>
NAME	ROBERTSON, WILLIAM A.	
STREET ADDRESS	130 ROBIN HILL ROAD, SUITE 200	
CITY-ST-ZIP	GOLETA CA	
TITLE	SV	<input type="checkbox"/>
NAME	GLEDHILL, DAVID W.	
STREET ADDRESS	130 ROBIN HILL ROAD, SUITE 200	
CITY-ST-ZIP	GOLETA CA 93117	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 NAME	GOLOMB, SOLOMON		
13 STREET ADDRESS	UNIV. SO. CAL. EE SYSTEMS, EEB-500		
14 CITY-ST-ZIP	LOS ANGELES, CA 90089-2565		
21 TITLE	VT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22 NAME	PEASLAND, BRUCE R.		
23 STREET ADDRESS	130 ROBIN HILL RD, SUITE 200		
24 CITY-ST-ZIP	GOLETA CA 93117		
31 TITLE	VICE PRESIDENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 NAME	SWAN, DAVID P.		
33 STREET ADDRESS	130 ROBIN HILL ROAD, SUITE 200		
34 CITY-ST-ZIP	GOLETA CA 93117		
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS	10000250331--6		
44 CITY-ST-ZIP	-04/28/98--01086--003		
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME	****150.00 ****150.00		
53 STREET ADDRESS		<input type="checkbox"/>	<input type="checkbox"/>
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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.

SIGNATURE *[Signature]* **4/16/98** **10051692-2333-21**

CR2E034 (10/97)