

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

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

03-16-1999 90083 006 ***158.75

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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 # F96000001279

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/13/1996	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 77-0178186	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Zip	29 Country	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
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

F & L CORP THE GREENLEAF BUILDING 200 LAURA STREET., 3RD FLOOR JACKSONVILLE FL 32202-3527		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		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 John A. Sanders, As Agent (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ILLGEN, JOHN D	1.2 NAME	
STREET ADDRESS	130 ROBIN HILL ROAD, SUITE 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	GOLETA CA 93117	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANTT, JARVIS	2.2 NAME	
STREET ADDRESS	13117 HUMPHREY ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX 78729	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANISEE, ROBERT	3.2 NAME	
STREET ADDRESS	865 S. FIGUEROA ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90017	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, LARRY	4.2 NAME	
STREET ADDRESS	3000 SAND HILL RD., BLDG. ONE, STE. 170	4.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA 94025	4.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEASLAND, BRUCE R	5.2 NAME	
STREET ADDRESS	130 ROBIN HILL ROAD, SUITE 200	5.3 STREET ADDRESS	
CITY-ST-ZIP	GOLETA CA 93117	5.4 CITY-ST-ZIP	
TITLE	SV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEDHILL, DAVID W.	6.2 NAME	
STREET ADDRESS	130 ROBIN HILL ROAD, SUITE 200	6.3 STREET ADDRESS	
CITY-ST-ZIP	GOLETA CA	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 all other like empowered.

SIGNATURE: [Signature] DATE: 3/5/99 (805) 692-2333 x 211
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)