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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 05 1998 8:00 am
Secretary of State

DOCUMENT # **F96000001562 (5)**

1. Corporation Name

MICROKINETICS, INC.



Principal Place of Business

Mailing Address

**3080 RAYMOND STREET
SANTA CLARA CA 95054**

**3080 RAYMOND STREET
SANTA CLARA CA 95054**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

95054

25

29

95054

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE

NAME **BIANCO, WILLIAM A JR**
STREET ADDRESS **3080 RAYMOND STREET**
CITY-ST-ZIP **SANTA CLARA CA 95954**

TITLE **DCFO** ☐ DELETE

NAME **SHIMMON, DAVID J**
STREET ADDRESS **3080 RAYMOND STREET**
CITY-ST-ZIP **SANTA CLARA CA 95954**

TITLE **S** ☐ DELETE

NAME **BIANCO, MARIE R**
STREET ADDRESS **3080 RAYMOND STREET**
CITY-ST-ZIP **SANTA CLARA CA 95954**

TITLE **Secretary** ☐ DELETE

NAME **Steven P. Nickerson**
STREET ADDRESS **3080 Raymond street**
CITY-ST-ZIP **Santa Clara, CA 95054**

TITLE **President** ☐ DELETE

NAME **Ian Macharen**
STREET ADDRESS **3080 Raymond Street**
CITY-ST-ZIP **Santa Clara, CA 95054**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE **Director** ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **95054**

2.1 TITLE **President/Chairman/CEO** ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **95054**

3.1 TITLE **Assistant Secretary** ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **95054**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **800002423188** ☐ Change ☐ Addition

6.2 NAME **-02/06/98--01005--019**
6.3 STREET ADDRESS *****150.00**
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.

CR2E034 (10/97)