

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90090 009 \*\*\*150.00

DOCUMENT # F96000001562

1. Corporation Name  
MICROKINETICS, INC.

Principal Place of Business  
3080 RAYMOND STREET  
SANTA CLARA CA 95054

Mailing Address  
3080 RAYMOND STREET  
SANTA CLARA CA 95054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1996

4. FEI Number

77-0285377

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2805 Mission College Blvd

Suite, Apt. #, etc.

22

City & State

23 SANTA CLARA, CA

Zip

24 95054

Country

2a. Mailing Address

26 40-004 Cook St.

Suite, Apt. #, etc.

27

City & State

28 Palm Desert, CA

Zip

29 92211

Country

30 Riverside

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 ☒ DELETE

NAME  
D BIANCO, WILLIAM A JR  
STREET ADDRESS  
3080 RAYMOND STREET  
CITY-ST-ZIP  
SANTA CLARA CA 95054

TITLE ☐ DELETE

NAME  
CCEO SHIMMON, DAVID J  
STREET ADDRESS  
3080 RAYMOND STREET  
CITY-ST-ZIP  
SANTA CLARA CA 95054

TITLE ☒ DELETE

NAME  
AS BIANCO, MARIE R  
STREET ADDRESS  
3080 RAYMOND STREET  
CITY-ST-ZIP  
SANTA CLARA CA 95054

TITLE ☐ DELETE

NAME  
S NICKERSON, STEVEN P  
STREET ADDRESS  
3080 RAYMOND STREET  
CITY-ST-ZIP  
SANTA CLARA CA 95054

TITLE ☒ DELETE

NAME  
P MACLAREN, IAN  
STREET ADDRESS  
3080 RAYMOND STREET  
CITY-ST-ZIP  
SANTA CLARA CA 95054

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME  
D, VP, S Stephen P. Stanczak  
1.3 STREET ADDRESS  
40-004 Cook St.  
1.4 CITY-ST-ZIP  
Palm Desert, CA 92211

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
D, P, CEO DAVID J. SHIMMON  
2.3 STREET ADDRESS  
40-004 Cook St.  
2.4 CITY-ST-ZIP  
Palm Desert, CA 92211

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME  
AS Amy G. Gossin  
3.3 STREET ADDRESS  
40-004 Cook St.  
3.4 CITY-ST-ZIP  
Palm Desert, CA 92211

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
Steven P. Nickerson  
4.3 STREET ADDRESS  
2805 Mission College Blvd  
4.4 CITY-ST-ZIP  
Santa Clara, CA 95054

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME  
D, VP, CFO Kevin L. Spence  
5.3 STREET ADDRESS  
40-004 Cook St.  
5.4 CITY-ST-ZIP  
Palm Desert, CA 92211

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME  
AT Duane R. Hyennekens  
6.3 STREET ADDRESS  
40-004 Cook St.  
6.4 CITY-ST-ZIP  
Palm Desert, CA 92211

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:

*Amy G. Gossin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99 414-521-8504  
Date Daytime Phone #

560120

CR2E034 (11/98)