

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

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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000001633 (4)**

1. Corporation Name
CIROR, INC.

Principal Place of Business
**3100 W. WARREN AVE.
FREMONT CA 94538**

Mailing Address
**3100 W. WARREN AVE.
FREMONT CA 94538-6423**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1996	3a. Date of Last Report
21		26		4. FEI Number 94-3238686	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HACKWORTH, MICHAEL L	1.2 NAME	
STREET ADDRESS	3100 W WARREN AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FREMONT CA 94538	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, EDWARD C	2.2 NAME	
STREET ADDRESS	3100 W WARREN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FREMONT CA 94538	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SRINIVASAN, SAM S	3.2 NAME	Secretary
STREET ADDRESS	3100 W WARREN AVE.	3.3 STREET ADDRESS	Tom Kelly
CITY-ST-ZIP	FREMONT CA 94538	3.4 CITY-ST-ZIP	57 Stevenson Lane
TITLE	CFO <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Atherton, Ca. 94027
NAME	SRINIVASAN, SAM S	4.2 NAME	CFO
STREET ADDRESS	3100 W WARREN AVE.	4.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	FREMONT CA 94538	4.4 CITY-ST-ZIP	Tom Kelly
TITLE	SFO <input type="checkbox"/> DELETE	5.1 TITLE	57 Stevenson Lane
NAME	GAVENMAN, JON E	5.2 NAME	Atherton, Ca. 94027
STREET ADDRESS	650 PAGE MILL RD.	5.3 STREET ADDRESS	Delete - No addition
CITY-ST-ZIP	PALO ALTO CA 94304	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas F. Kelly 3-20-97

(510) 226-2216

Date Daytime Phone #

CR2E034 (9/96)