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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000003652 (2)

1. Corporation Name
TECHNOLOGY STRATEGIES & ALLIANCES, INCORPORATED



Principal Place of Business
104 LANSING ISLAND DR.
INDIAN HARBOR FL 32937

Mailing Address
3000 SAND HILL RD., 1-170
MENLO PARK CA 94025-7116

3. Date Incorporated or Qualified
07/18/1996

3a. Date of Last Report

| | | | |
|--------------------------------|---------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 94-2995147 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 22 | 27 | <input type="checkbox"/> | |
| City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 23 | 28 | <input type="checkbox"/> | |
| Zip | Zip | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24 | 25 | 29 | 30 |

9. Name and Address of Current Registered Agent

JAMES, ELIOTT D
104 LANSING ISLAND DR.
INDIAN HARBOUR FL 32937

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | CV <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EVANS, BOB O | 1.2 NAME | |
| STREET ADDRESS | 3000 SAND HILL RD. 1-170 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MENLO PARK CA 94025 | 1.4 CITY-ST-ZIP | |
| TITLE | DP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERTS, LAWRENCE W | 2.2 NAME | |
| STREET ADDRESS | 3000 SAND HILL RD. 1-170 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MENLO PARK CA 94025 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWN, L. OWEN | 3.2 NAME | |
| STREET ADDRESS | 3000 SAND HILL RD. 1-170 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MENLO PARK CA 94025 | 3.4 CITY-ST-ZIP | |
| TITLE | DV <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOVE, GRANT A | 4.2 NAME | |
| STREET ADDRESS | 15301 DALLAS PKWY., STE. 840 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DALLAS TX 75248 | 4.4 CITY-ST-ZIP | |
| TITLE | DV <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JAMES, ELIOTT D | 5.2 NAME | |
| STREET ADDRESS | 104 LANSING ISLAND DR. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | INDIAN HARBOR FL 32937 | 5.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEZINO, BEATRICE | 6.2 NAME | |
| STREET ADDRESS | 3000 SAND HILL RD., 1-170 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MENLO PARK CA 94025 | 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 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)