


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

FILED
Mar 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 116 Lansing Island Drive Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/18/1996	
22 City & State 23 Indian Harbour, FL Zip Country		27 City & State 28 Zip Country		4. FEI Number 94-2995147 Applied For Not Applicable	
24 32937		29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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) 116 Lansing Island Drive 83 Indian Harbour, FL 84 City FL 85 Zip Code 32937			
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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				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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAMES, ELIOTT D			5.2 NAME			
STREET ADDRESS	104 LANSING ISLAND DR.			5.3 STREET ADDRESS	116 Lansing Island Drive		
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 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

[Handwritten signature]

CR2E034 (10/97)