

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000005071 (3)

1. Corporation Name  
CALIFORNIA INTEGRATED SYSTEMS, INC.

Principal Place of Business  
201 MOFFETT PARK DRIVE  
SUNNYVALE CA 94089

Mailing Address  
201 MOFFETT PARK DRIVE  
SUNNYVALE CA 94089

FILED  
Aug 29 1997 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26 NRAI Services, Inc.		09/30/1996			
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27 26 E. Park Avenue		94-2658153		Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28 Tallahassee		<input type="checkbox"/>		<input type="checkbox"/>	
24 Zip		25 Country		6. Election Campaign Financing		5.00 May Be Added to Fees	
24		25		Trust Fund Contribution		<input type="checkbox"/>	
				7. This corporation owes or has paid the current year Intangible		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATE ACCESS 1116-D THOMASVILLE RD. TALLAHASSEE FL 32303		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	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ST CHARLES, DAVID	1.2 NAME	See attached list
STREET ADDRESS	201 MOFFETT PARK DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNYVALE CA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEASE, ANDREW J	2.2 NAME	
STREET ADDRESS	201 MOFFETT PARK DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNYVALE CA	2.4 CITY-ST-ZIP	
TITLE	CSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUPTA, NARENDRA K	3.2 NAME	
STREET ADDRESS	201 MOFFETT PARK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNYVALE CA	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIPOWICZ, STEVEN	4.2 NAME	
STREET ADDRESS	201 MOFFETT PARK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNYVALE CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLGER, JOHN C	5.2 NAME	
STREET ADDRESS	98 SUTHERLAND DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATHERTON CA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUPTA, VINITA	6.2 NAME	
STREET ADDRESS	252 HUMBOLT COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNYVALE CA	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: \_\_\_\_\_ ST CHARLES, DAVID, President (408) 542-1500

CR2E034 (4/97)

**California Integrated Systems, Inc.**

**Florida Department of State**

**1997 Profit Corporation Annual Report**

**Supplementary Sheet**

<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
1.1	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2	NAME	Murphy, Richard C.	
1.3	STREET ADDRESS	7 Daffodil Way	
1.4	CITY - ST - ZIP	San Carlos, CA 94070	
1.1	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2	NAME	Kailath, Thomas	
1.3	STREET ADDRESS	201 Moffett Park Drive	
1.4	CITY - ST - ZIP	Sunnyvale, CA	
1.1	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2	NAME	Stepner, David E.	
1.3	STREET ADDRESS	201 Moffett Park Drive	
1.4	CITY - ST - ZIP	Sunnyvale, CA	
1.1	TITLE	T, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2	NAME	Smith, William C.	
1.3	STREET ADDRESS	201 Moffett Park Drive	
1.4	CITY - ST - ZIP	Sunnyvale, CA	
1.1	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2	NAME	Waterman, Janice	
1.3	STREET ADDRESS	201 Moffett Park Drive	
1.4	CITY - ST - ZIP	Sunnyvale, CA	
1.1	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2	NAME	David Preston	
1.3	STREET ADDRESS	201 Moffett Park Drive	
1.4	CITY - ST - ZIP	Sunnyvale, CA	
1.1	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2	NAME	Karen Auerbach	
1.3	STREET ADDRESS	201 Moffett Park Drive	
1.4	CITY - ST - ZIP	Sunnyvale, CA	