

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

FILED

Feb 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005350 (1)**

1. Corporation Name  
**SRI CONSULTING, INC.**

Principal Place of Business  
**333 RAVENSWOOD AVE  
MENLO PARK CA 94025**

Mailing Address  
**333 RAVENSWOOD AVE  
MENLO PARK CA 94025**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/15/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>94-2876936</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	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				10. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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	<b>VS</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>VS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROBERTSON, DON J</b>			1.2 NAME	<b>ROBERTSON, DON J.</b>		
STREET ADDRESS	<b>32 LAS VEGAS</b>			1.3 STREET ADDRESS	<b>1650 BEACH ST.</b>		
CITY-ST-ZIP	<b>ORINDA CA</b>			1.4 CITY-ST-ZIP	<b>SAN FRANCISCO, CA 94123</b>		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BLACKFORD, JUDITH L</b>			2.2 NAME			
STREET ADDRESS	<b>425 KINGSLEY AVE</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PALO ALTO CA 94301</b>			2.4 CITY-ST-ZIP			
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>LEWIS, MICHAEL</b>			3.2 NAME	<b>PHIPPS, ALLEN M.</b>		
STREET ADDRESS	<b>7 SO GROVE HOUSE SOUTH GROVE, HIGHGATE</b>			3.3 STREET ADDRESS	<b>33 PRADO SECORA</b>		
CITY-ST-ZIP	<b>LONDON N6</b>			3.4 CITY-ST-ZIP	<b>ATHERTON, CA 94027</b>		
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>CAMRASS, ROGER J</b>			4.2 NAME	<b>HALL, JAMES</b>		
STREET ADDRESS	<b>34 STORMONT RD</b>			4.3 STREET ADDRESS	<b>5 CLAPP RD.</b>		
CITY-ST-ZIP	<b>LONDON N6 4NP, ENGLAND</b>			4.4 CITY-ST-ZIP	<b>SCITUATE, MA 02066</b>		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CASCIOTTI, PHILIP</b>			5.2 NAME			
STREET ADDRESS	<b>27 HOPESTILL BROWN</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SUDBERRY MA 01776</b>			5.4 CITY-ST-ZIP			
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CVITKOVIC, EMILIO</b>			6.2 NAME			
STREET ADDRESS	<b>144 COSTA RICA AVE</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>BURLINGAME CA 94010</b>			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: **Robert J. Krolak, Director of Finance**

1-20-98

650-859-6405

CR2E034 (10/97)