


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005350
Corporation Name
SRI CONSULTING, INC.

FILED
Sep 15, 1999 8:00 am
Secretary of State
09-15-1999 90005 017 ***550.00



Principal Place of Business RAVENSWOOD AVE MENLO PARK CA 94025	Mailing Address 333 RAVENSWOOD AVE MENLO PARK CA 94025
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DO NOT WRITE IN THIS SPACE

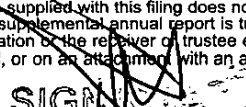
Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/15/1996	
26		26		4. FEI Number 94-2876936	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
27		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28		28		30	
Zip		Country		Country	
25		29		30	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81 Name		81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)		82 Street Address (P.O. Box Number is Not Acceptable)	
83		83	
84 City		85 Zip Code	
FL		FL	

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.

NATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
ST-ADDRESS	VS ROBERTSON, DON J 1650 BEACH ST SAN FRANCISCO CA 94123	<input type="checkbox"/> DELETE	1.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST-ZIP			1.2 NAME				
	V BLACKFORD, JUDITH L 425 KINGSLEY AVE PALO ALTO CA 94301	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS				
	PD PHIPPS, ALLEN M 33 PRADO SECOYA ATHERTON CA 94027	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP				
	VD HALL, JAMES 5 CLAPP RD SCITUATE MA 02066	<input checked="" type="checkbox"/> DELETE	2.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	V CASCIOTTI, PHILIP 27 HOPESTILL BROWN SUDBERRY MA 01776	<input checked="" type="checkbox"/> DELETE	2.2 NAME				
	V CVITKOVIC, EMILIO 144 COSTA RICA AVE BURLINGAME CA 94010	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS				
			2.4 CITY-ST-ZIP				
			3.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			3.2 NAME				
			3.3 STREET ADDRESS				
			3.4 CITY-ST-ZIP				
			4.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			4.2 NAME				
			4.3 STREET ADDRESS				
			4.4 CITY-ST-ZIP				
			5.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			5.2 NAME				
			5.3 STREET ADDRESS				
			5.4 CITY-ST-ZIP				
			6.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			6.2 NAME				
			6.3 STREET ADDRESS				
			6.4 CITY-ST-ZIP				

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:  DON ROBERTSON 8/30/99 650-859-6405

CR2E034 (5/99)