

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1998



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

DOCUMENT # **F96000005881 (5)**

1. Corporation Name

NETSCAPE COMMUNICATIONS CORPORATION

Principal Place of Business

**501 EAST MIDDLEFIELD ROAD
MOUNTAIN VIEW CA 94043**

Mailing Address

**501 EAST MIDDLEFIELD ROAD
MOUNTAIN VIEW CA 94043**

FILED
Jul 23 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1996

4. FEI Number

94-3200270

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANDREESSEN, MARC L	
STREET ADDRESS	501 E MIDDLEFIELD RD	
CITY-ST-ZIP	MOUNTAIN VIEW CA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARKSDALE, JAMES L	
STREET ADDRESS	501 E MIDDLEFIELD RD	
CITY-ST-ZIP	MOUNTAIN VIEW CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BERGIN, NOREEN	
STREET ADDRESS	501 E MIDDLEFIELD RD	
CITY-ST-ZIP	MOUNTAIN VIEW CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CLARK, JAMES H	
STREET ADDRESS	501 E MIDDLEFIELD RD	
CITY-ST-ZIP	MOUNTAIN VIEW CA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	CURRIE, PETER	
STREET ADDRESS	501 E MIDDLEFIELD RD	
CITY-ST-ZIP	MOUNTAIN VIEW CA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	KATZ, ROBERT R	
STREET ADDRESS	501 E MIDDLEFIELD RD	
CITY-ST-ZIP	MOUNTAIN VIEW CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 R. Katz* | *Robert R. Katz* SVP

650 937-2764

CR2E034 (5/98)