

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000003386 (6)

1. Corporation Name
MULTIGEN, INC.



Principal Place of Business
550 S. WINCHESTER BLVD., #500
SAN JOSE CA 95128

Mailing Address
550 S. WINCHESTER BLVD., #500
SAN JOSE CA 95128

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		25 Suite, Apt. #, etc.		06/30/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		77-0361103	
24 Country		30 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

Applied For
Not Applicable

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	
NAME	YEO, DENNIS	1.2 NAME	
STREET ADDRESS	550 S. WINCHESTER BLVD., #500	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA 95128	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	YEO, MADELYN	2.2 NAME	
STREET ADDRESS	550 S. WINCHESTER BLVD., #500	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA 95128	2.4 CITY-ST-ZIP	
TITLE	PDC	3.1 TITLE	
NAME	ROLSTON, DAVID	3.2 NAME	
STREET ADDRESS	550 S. WINCHESTER BLVD., #500	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA 95128	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BUCKLEY, WALTER W	4.2 NAME	
STREET ADDRESS	800 SAFEGUARD BLVD., 435 DEVON PARK DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNE PA 19087-1945	4.4 CITY-ST-ZIP	
TITLE	DC	5.1 TITLE	
NAME	KEITH, ROBERT E JR	5.2 NAME	
STREET ADDRESS	800 SAFEGUARD BLVD., 435 DEVON PARK DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNE PA 19087-1945	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	NEWELL, WILLIAM	6.2 NAME	
STREET ADDRESS	450 COFFEE POT RIVERA	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33704	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.

CR2E034 (10/97)