08091999-90005-027-$550.00-$550.00

999.

AMOUNT DUE ON OR BEFORE 05/01/99: $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

FILED
99 OCT -5 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000003386

1. Corporation Name
~~MULTIGEN, INC.~~
MULTIGEN-PARADIGM, 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

REINSTATEMENT 99

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	3. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 06/30/1997
4. FEI Number: 77-0361103 ☐ 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 the current year Intangible Personal Property. ☐ Yes ☐ No

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
82 Street Address (P.O. Box Number is Not Acceptable)
200003008962--5
-10/07/99--01088--003
83 City ****200.00
FL 85 ****200.00

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 Connie Bryan Connie Bryan, Social Asst Secretary 10-5-99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DC YEO, DENNIS 550 S. WINCHESTER BLVD., #500 SAN JOSE CA 95128	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DIRECTOR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S YEO, MADELYN 550 S. WINCHESTER BLVD., #500 SAN JOSE CA 95128	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SECRETARY DANIEL McCAMMON 550 S. WINCHESTER BLVD., #500 SAN JOSE, CA 95128	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDCE ROLSTON, DAVID 550 S. WINCHESTER BLVD., #500 SAN JOSE CA 95128	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	200003008962--5 -10/07/99--01088--002 *****8.75 *****8.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NABER, PETE 800 THE SAFEGUARD BLDG 435 DEVON PARK DR WAYNE PA 19087-1945	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DIRECTOR CRAIG LONDON 800 THE SAFEGUARD BLDG, 435 DEVON PARK DR WAYNE, PA 19087-1945	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC KEITH, ROBERT E JR 800 SAFEGUARD BLVD., 435 DEVON PARK DR. WAYNE PA 19087-1945	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWELL, WILLIAM 450 COFFEE POT RIVIERA ST PETERSBURG FL 33704	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	CHAIRMAN OF THE BOARD GIL DECKER 45 GLEN RIDGE AVENUE LOS GATOS, CA 95033	☐ Change ☒ Addition

CR2E034 (5/99)

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: [illegible] 8/2/99 408 867-2586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Re.Nst.

S. PAYNE OCT 5 1999