

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).

0118799

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F97000003598 (6)**

1. Corporation Name

TEST SYSTEMS STRATEGIES, INC.



Principal Place of Business

**215 FOURIER AVENUE
FREMONT CA 94539**

Mailing Address

**215 FOURIER AVENUE
FREMONT CA 94539**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1997

4. FEI Number

97-3271752 94-3271752

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

2. Principal Place of Business

21 8700 SW Creekside Pl.

Suite, Apt. #, etc.

2a. Mailing Address

26 8700 SW Creekside Pl.

Suite, Apt. #, etc.

City & State

23 Beaverton OR

Zip

24 97008

Country

25 Washington

City & State

28 Beaverton OR

Zip

29 97008

Country

30 Washington

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 **PCD** ☐ DELETE

NAME **BOTTOMS, WILMER R**
STREET ADDRESS **215 FOURIER AVENUE**
CITY-ST-ZIP **FREMONT CA**

TITLE **STD** ☒ DELETE

NAME **OKUMOTO, RICHARD Y**
STREET ADDRESS **215 FOURIER AVENUE**
CITY-ST-ZIP **FREMONT CA**

TITLE **AS** ☒ DELETE

NAME **LAZAROW, WARREN T**
STREET ADDRESS **2200 GENG ROAD**
CITY-ST-ZIP **PALO CA**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

See Attached

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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

CR2E034 (5/98)



Test Systems Strategies, Inc

Corporate Officers & Directors

Wilmer Bottoms – Chairman
3101 Alexis Dr.
Palo Alto, CA 94304

SS# 424-58-4107

(415) 949-1120

John DiGirolamo – President
782 Almondwood Way
San Jose, CA 95010

SS# 142-32-5973

(408) 997-2284

Dennis Wolf - CFO
6482 Pfeiffer Ranch Ct.
San Jose, CA 95120

SS# 522-74-5434

(408) 997-8535