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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700004391 (5)

INPOWER INC. OF CALIFORNIA

FILED May 11 1998 8:00am Secretary of State



						88	
Principal Place of Business Mailing Address							
	ST., 11TH FLOOR	525 MARKET ST., 11TH FLOOR					
SAN FRANCISCO CA 94105		SAN FRANCISCO CA 94105			DO NOT WRITE II	DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	Thousand	
					08/20/1997		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26	26		68-0359678	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27		5. Commodic of characteristic	Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
Zip Country		28		Trust Fund Contribution	Added to Fees		
24	25 29 30		-	' y	 This corporation owes or has paid Personal Property Tax due June 3 	· _ · _	
671	9. Name and Address of Current		1301		10. Name and Address of New Regi		
C 1	CORPORATION SYSTEM		8	1 Name			
	00 SOUTH PINE ISLAND ROAD		[_8	2 Street	Address (P.O. Box Number is Not Acceptable	<u>,</u>	
PL/	ANTATION FL 33324		•	2 3118617	Address (F.O. Box Number is Not Acceptable	'	
	÷		8	3			
	(8	4 City		85 Zip Code	
	?					FL T	
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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or proted name of n.g.stered agrest and title if applicable (NOTE Begistered Agent signature required when reinstating) DATE							
Signature, typed or printed none of trig stered agent and title if applicable (NOTE Boy 12. OFFICERS AND DIRECTORS				gent signature	ADDITIONS/CHANGES TO OFFICE	DATE BS AND DIDECTORS IN 12	
TITLE	ייי פריום אוויים אייי יייי ווייים אייייים אייייים איייים איייים איייים איייים איייים איייים איייים איייים אייי	DELETE	13.		DIRECTOR	Change Addition	
NAME	GREEN, MICHAEL		1.2 NAM	j	KELVIN KWOK		
STREET ADDRESS	525 MARKET ST., 11TH FLOO	R		ET ADDRESS	KELVIN KWOK ARI HENDERSON # 08	-01	
CITY-ST-ZIP	\$AN FRANCISCO CA 94105		1.4 CITY		SINGAPORE		
TITLE	8	DELETE	2 1 1 1 1 L			Change Addition	
NAME	Morris, Craig D		2.2 NAM				
STREET ADDRESS	525 MARKET ST., 11TH FLOO	3	2.3 S1RE	ET ADDRESS		ļ	
CITY-ST-2IP	SAN FRANCISCO CA 94105		2. 4 CITY	- ST - 7/P			
TITLE	D	☐ DELE te	3.1 TITLE		, <u>-</u> -	Change Addition	
NAME	MOO, JOHNNY		3.2 NAM				
SYREET ADDRESS	221 HENDERSON #08-01	IAAD	3.3 S1RE	et address			
CITY-ST-ZIP	\$INGAPORE REPUBLIC OF SI		3.4. C(1)				
TITLE	BIN, SEOW C	DEFELE	4.1 THILE			L Change Addition	
NAME	221 HENDERSON #08-01		4. 2 NAV				
STREET ADDRESS	SINGAPORE REPUBLIC OF SI	IGAP		ET ADORESS			
CITY-ST-ZIP TITLE	D	DELFTE	4.4 CITY 5.1 TITLE			☐ Change ☐ Addition	
NAME	TAN, SUNNY	C) P.E. IL	5.2 NAM	j		snarge resulted	
STREET ADDRESS	221 HENDERSON #08-01			ET ADORESS			
CITY-ST-ZIP	SINGAPORE REPUBLIC OF SIN	IGAP	5.4 CITY				
TITLE	D	DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME	GREGURAS, FRED		6.2 NAMI				
STREET ADDRESS	FENWICK & WEST - 2 PALO A	LTO SQUARE		T ADDRESS			
CITY-ST-ZIP	PALO ALTO CA 94306	,	6.4 CITY	i			
	erlify that the information europind with	this films does not qualify t			ed in Section 110 07(3)(i) Florida Statutos I fu	ther earlify that the information	

4. Thereby certify that the information supplied with this filing does let 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 frue 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 trusted impowered 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 in address.

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(40) 278-