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PROFIT CORPORATION ANNUAL REPORT FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

FILED May 17, 1999 8:00 am Secretary of State

1	AL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS				05-17-1999 90057 047 ***150.00				
	MENT # F9700000	55412							
1. Corporatio	n Name					<u> </u>			
								_	
TITAN SC	OFTWARE SYSTEMS CO	RPORATION							
Principal Place	of Business	Mailing Address							
	ENCE PARK ROAD	3033 SCIENCE PARK ROAD							
SAN DIE	GO, CA 92121	SAN DIEGO	O CA 9	2121		DO NOT WRITE	N THIS SP	ACE	
						3. Date Incorporated or Qualified			ì
6 Data da al E	Name of Business	2a. Mailing Add	ross			10/21/97 4. FEI Number		∏ Ar	plied For
2. Principal P	Place of Business	26				94-3284583			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	t, etc.			5. Certificate of Status Desired		B.75 Ad e Require	
City & State		City & State			~	6. Election Campaign Financing		5.00 M	
23		28		Carrete		Trust Fund Contribution 8. This corporation owes the curr		Ided to Fe	
Zip	Country 25	Zip 29	30	Country	,	Property Tax.	Yes		No
24	9. Name and Address of Currer			<u> </u>		10. Name and Address of New R	egistered A	Agent	
	• • • • • • • • • • • • • • • • • • • •			81	Name				
				82	Street Ac	idress (P.O. Box Number is Not Accepta	able)	-	
CORPORAT	TION SERVICE COMPA	MY							
	YS STREET			83					
TALLAHAS	SSEE, FL 21301-252	25		84	City		FL	85 Zip (Code
		1007 4500 FI				ed corporation submits this statement fo	r the nurpos	se of char	nging its
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4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(t), Florida Statutes. I three 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, with all other like empowered.

SIGNATURE:	Che l'a	1 Bc.ss/	CherulL.C	barr 4/2	:5/57	617-552-984 Daytime Phone #	5
OIOIMI OIL	SIGNATURE AND TYPE	OR PRINTED NAME OF	F SIGNING OFFICER OR DIRE	CTOR Date	1	Daytime Phone #	
	<i>(</i>)						