

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

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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90113 026 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000002579

1. Corporation Name
PILOT NETWORK SERVICES, INC.



Principal Place of Business
**1080 MARINA VILLAGE PKWY.. 5TH FL.
 ALAMEDA CA 94501**

Mailing Address
**1080 MARINA VILLAGE PKWY.. 5TH FL.
 ALAMEDA CA 94501**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/06/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		04-8164086 94-3305774	
24 Country		30 Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE FL 32301-1283				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	
				6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE FL 32301-1283				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVERA, M. MARKETTA	1.2 NAME	WILLIAM LEETHAM
STREET ADDRESS	99 TAPPAN LN.	1.3 STREET ADDRESS	3521 SILVER SPRINGS RD.
CITY-ST-ZIP	ORINDA CA 94563	1.4 CITY-ST-ZIP	LAFAYETTE, CA 94543-94549
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELMORE, WILLIAM	2.2 NAME	
STREET ADDRESS	75 WILLOW RD., STE. 103	2.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA 94025	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, K. FLYNN	3.2 NAME	
STREET ADDRESS	67 PARKER AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94118	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAHLES, SHANDA	4.2 NAME	
STREET ADDRESS	20300 STEVENS CREEK BLVD., STE. 395	4.3 STREET ADDRESS	
CITY-ST-ZIP	CUPERTINO CA 95014	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'ROURKE, TOM	5.2 NAME	
STREET ADDRESS	12930 SARATOGA AVE., STE. B-7	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARATOGA CA 95070	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with either like empowered.

SIGNATURE: WILLIAM C. LEETHAM **WILLIAM C. LEETHAM**
 CHIEF FINANCIAL OFFICER
 Date: _____ Daytime Phone #: 510-433-7801

CR2E034 (11/98)