

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90196 004 \*\*\*150.00

DOCUMENT # F98000006389

1. Corporation Name

INTERNATIONAL MICROCOMPUTER SOFTWARE, INC.

Principal Place of Business

75 ROWLAND WAY  
NOVATO CA 94945

Mailing Address

75 ROWLAND WAY  
NOVATO CA 94945

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1998

4. FEI Number

94-2862863

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCEO ☐ DELETE  
NAME SACKS, MARTIN  
STREET ADDRESS 75 ROWLAND WAY  
CITY-ST-ZIP NOVATO CA 94945

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME D Abraham Ostrovsky  
1.3 STREET ADDRESS 200 SHERIDAN AVE #404  
1.4 CITY-ST-ZIP PALO ALTO, CA 94306

TITLE CFO ☐ DELETE  
NAME FINEMAN, KEN  
STREET ADDRESS 75 ROWLAND WAY  
CITY-ST-ZIP NOVATO CA 94945

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SC ☐ DELETE  
NAME KOBLICK, GEOFFREY  
STREET ADDRESS 75 ROWLAND WAY  
CITY-ST-ZIP NOVATO CA 94945

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME MAYER, ROBERT  
STREET ADDRESS 75 ROWLAND WAY  
CITY-ST-ZIP NOVATO CA 94945

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME FENDERMAN, CHARLES  
STREET ADDRESS 23 BOOTH AVE.  
CITY-ST-ZIP ENGLEWOOD CLIFS NJ 07632

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME HAMLIN, EARL  
STREET ADDRESS 5818 IVANHOE RD.  
CITY-ST-ZIP OAKLAND CA 94618

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/2/99

415-257-3000

CR2E034 (1/98)

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