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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F.98 00000 682-6 02 NOV 18 PM 2: 02 Cayenta eUtility Solutions - eMunicipal Solutions Inc. SECRETARY OF STAIL TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE REINSTATEMENT 2. Principal Place of Business 3. Mailing Address 8900 NELSON WAY 8900 NELSON WAY Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 100 100 City & State City & State 4. FEI Number Applied For BÚRNABY, BC BURNABY, BC 98-0127562 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired V3A - 4W9 CANADA CANADA Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET IN THIS SPACE TALLAHASSEE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatura required when reinstating) 9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 10. Election Campaign Financing Tax filling requirement and elects to do so. \$5.00 May Amended UBR is \$61.25 Trust Fund Contribution. (See criteria on back) Added to Fee Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS SEE ATTACHED DIRECTOR AND OFFICER TITLE LISTING NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST-ZIP THEF TITLE NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY - ST - ZIP TITLE TITLE NAME

13. 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 report or supplemental report is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or directed the corporation or the recorping of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an arrangement with an executive of the corporation of the corpo

NAME

STREET ADDRESS

CITY-ST-71P

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

CHERYL L. BARR, ASST. SECRETARY ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-02

858-552-9500

Date

Daylane Phone #

2002

DIRECTORS

${\tt CAYENTA~EUTILITY~SOLUTIONS-EMUNICIPAL~SOLUTIONS,~INC.}\\$

DIRECTORS AND OFFICERS LISTING.

	2 40111400 1 1001 400
Susan Clayton	8900 Nelson Way, Suite 100, Burnaby, BC Canada
Michael Gardner	8900 Nelson Way, Suite 100, Burnaby, BC Canada
Curtis R. Smith	3033 Science Park Road, San Diego, CA 92121
<u>OFFICERS</u>	
Michael Gardner President	8900 Nelson Way, Suite 100, Burnaby, BC Canada
Curtis R. Smith S.V.P., CFO and Treasurer	3033 Science Park Road, San Diego, CA 92121
Susan Clayton Secretary	8900 Nelson Way, Suite 100, Burnaby, BC Canada
Cheryl L. Barr Assistant Secretary	3033 Science Park Road, San Diego, CA 92121
Ray H. Guillaume Assistant Treasurer	3033 Science Park Road, San Diego, Ca 92121
Deanna Hom Assistant Treasurer	3033 Science Park Road, San Diego, Ca 92121
Shawn Lechien Assistant Treasurer	3033 Science Park Road, San Diego, Ca 92121

Business Address



resubmit

Please give original submission date as file date.

ACCOUNT	NO		072100000032
ACCOOM	110.	•	0/2100000032

REFERENCE: 820844

4388080

AUTHORIZATION

COST LIMIT : \$ 750.00

ORDER DATE: November 18, 2002

ORDER TIME : 2:22 PM

ORDER NO. : 820844-005

CUSTOMER NO: 4388080

CUSTOMER: Mr. Michael Kirker

The Titan Corporation 3033 Science Park Rd. San Diego, CA 92121

ANNUAL REPORT FILING

LING RATE E

NAME:

CAYENTA EUTILITY SOLUTIONS - EMUNICIPAL SOLUTIONS INC.

XX	ANNUAL	REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore - Ext. 1147

EXAMINER'S INITIALS: