

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Jul 24 1996 8:00 am  
Secretary of State

**DOCUMENT # L18944 (3)**

1. Corporation Name  
**VIVRA NETWORK SERVICES, INC.**



Principal Place of Business Mailing Address  
**400 PRIMROSE #200 BURLINGAME CA 94010 US**

3. Date Incorporated or Qualified **09/26/1989** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **65-0152253** 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 has liability for intangible tax under s. 190.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **1850 Gateway Drive** 26 **1850 Gateway Drive**  
Suite, Apt #, etc Suite, Apt #, etc  
22 **500** 27 **500**  
City & State City & State  
23 **San Mateo, CA** 28 **San Mateo, CA**  
Zip Country Zip Country  
24 **94404** 25 **USA** 29 **94404** 30 **USA**

9. Name and Address of Current Registered Agent  
**C.T. CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 \_\_\_\_\_ (Type or print name of registered agent and title, appropriate to the role. Registered Agent's signature required when re-registering.)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | DC<br>THIRY, KENT J. <input type="checkbox"/> DELETE         | 11 TITLE  | DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | THIRY, KENT J.   | 12 NAME   | THIRY, Kent J.   |
| STREET ADDRESS             | 400 PRIMROSE #200  | 13 STREET ADDRESS                                     | 1850 Gateway Drive, Suite 500  |
| CITY-ST-ZIP                | BURLINGAME CA  | 14 CITY-ST-ZIP  | San Mateo, CA 94404  |
| TITLE                      | DP<br>BLACKWELDER, ERNEST A. <input type="checkbox"/> DELETE | 21 TITLE  | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | BLACKWELDER, ERNEST A.                                       | 22 NAME   | JOYNER, David  |
| STREET ADDRESS             | 400 PRIMROSE #200  | 23 STREET ADDRESS                                     | 1850 Gateway Drive, Suite 500  |
| CITY-ST-ZIP                | BURLINGAME CA  | 24 CITY-ST-ZIP  | San Mateo, CA 94404  |
| TITLE                      | SDT<br>ZUMWALT, LEANNE M. <input type="checkbox"/> DELETE    | 31 TITLE  | SDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ZUMWALT, LEANNE M.   | 32 NAME   | ZUMWALT, LeAnne M.   |
| STREET ADDRESS             | 2 MAREBLUE   | 33 STREET ADDRESS                                     | 1850 Gateway Drive, Suite 500  |
| CITY-ST-ZIP                | LAGUNA HILLS CA  | 34 CITY-ST-ZIP  | San Mateo, CA 94404  |
| TITLE                      | <input type="checkbox"/> DELETE                              | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       |  | 42 NAME   |  |
| STREET ADDRESS             |  | 43 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |  | 44 CITY-ST-ZIP  |  |
| TITLE                      | <input type="checkbox"/> DELETE                              | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       |  | 52 NAME   |  |
| STREET ADDRESS             |  | 53 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |  | 54 CITY-ST-ZIP  |  |
| TITLE                      | <input type="checkbox"/> DELETE                              | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       |  | 62 NAME   |  |
| STREET ADDRESS             |  | 63 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |  | 64 CITY-ST-ZIP  |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leanne Zumwalt* LEANNE ZUMWALT, Secy. (415) 577-5700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)