

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 10 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L18944 (3)

1. Corporation Name
VIVRA NETWORK SERVICES, INC.



Principal Place of Business 1850 GATEWAY DRIVE #500 SAN MATEO CA 94404 US	Mailing Address 1850 GATEWAY DRIVE #500 SAN MATEO CA 94404 US
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DO NOT WRITE IN THIS SPACE

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	29 30

3. Date Incorporated or Qualified 09/26/1989	
4. FEI Number 65-0152253	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	600002636966
83	-09/11/98--01036--032
84 City	***550.00 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	THIRY, KENT J	
STREET ADDRESS	1850 GATEWAY DRIVE, SUITE 500	
CITY-ST-ZIP	SAN MATEO CA	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	JOYNER, DAVID	
STREET ADDRESS	1850 GATEWAY DRIVE, SUITE 500	
CITY-ST-ZIP	SAN MATEO CA	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	ZUMWALT, LEANNE M	
STREET ADDRESS	1850 GATEWAY DRIVE, SUITE 500	
CITY-ST-ZIP	SAN MATEO CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thiry, Kent J.	
1.3 STREET ADDRESS	1850 Gateway Drive, Suite 500	
1.4 CITY-ST-ZIP	San Mateo Ca 94404	
2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	William Hodges	
2.3 STREET ADDRESS	1850 Gateway Dr, Suite 500	
2.4 CITY-ST-ZIP	San Mateo, CA 94404	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Zumwalt, Leanne M	
3.3 STREET ADDRESS	1850 Gateway Drive, Suite 500	
3.4 CITY-ST-ZIP	San Mateo Ca 94404	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ott, Charles W.	
4.3 STREET ADDRESS	1850 Gateway Drive, Suite 500	
4.4 CITY-ST-ZIP	San Mateo, CA 94404	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Tumbarello, Steve	
5.3 STREET ADDRESS	1850 Gateway Drive, Suite 500	
5.4 CITY-ST-ZIP	San Mateo, CA 94404	
6.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Miller, Rhonda	
6.3 STREET ADDRESS	1850 Gateway Drive, Suite 500	
6.4 CITY-ST-ZIP	San Mateo, CA 94404	

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.

SIGNATURE: _____

CR2E034 (5/98)

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