

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1989

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. 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 S. PINE ISLAND RD.
PLANTATION FL 33324

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

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 DC
NAME THIRY, KENT J
STREET ADDRESS 1850 GATEWAY DRIVE, SUITE 500
CITY-ST-ZIP SAN MATEO CA

DELETE

TITLE DP
NAME JOYNER, DAVID
STREET ADDRESS 1850 GATEWAY DRIVE, SUITE 500
CITY-ST-ZIP SAN MATEO CA

DELETE

TITLE SDT
NAME ZUMWALT, LEANNE M
STREET ADDRESS 1850 GATEWAY DRIVE, SUITE 500
CITY-ST-ZIP SAN MATEO CA

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE D
1.2 NAME Thiry, Kent J.
1.3 STREET ADDRESS 1850 Gateway Drive, Suite 500
1.4 CITY-ST-ZIP San Mateo Ca 94404

Change Addition

2.1 TITLE DP
2.2 NAME William Hodges
2.3 STREET ADDRESS 1850 Gateway Dr, Suite 500
2.4 CITY-ST-ZIP San Mateo, CA 94404

Change Addition

3.1 TITLE D
3.2 NAME Zumwalt, Leanne M
3.3 STREET ADDRESS 1850 Gateway Drive, Suite 500
3.4 CITY-ST-ZIP San Mateo Ca 94404

Change Addition

4.1 TITLE S
4.2 NAME Ott, Charles W.
4.3 STREET ADDRESS 1850 Gateway Drive, Suite 500
4.4 CITY-ST-ZIP San Mateo, CA 94404

Change Addition

5.1 TITLE T
5.2 NAME Tumbarello, Steve
5.3 STREET ADDRESS 1850 Gateway Drive, Suite 500
5.4 CITY-ST-ZIP San Mateo, CA 94404

Change Addition

6.1 TITLE V
6.2 NAME Miller, Rhonda
6.3 STREET ADDRESS 1850 Gateway Drive, Suite 500
6.4 CITY-ST-ZIP San Mateo, CA 94404

Change Addition

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:

[Signature]

CR2E034 (5/98)