

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
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90056 017 ***150.00

DOCUMENT # L59295

1. Corporation Name

QUARTERDECK SELECT CORPORATION

Principal Place of Business

5770 ROOSEVELT BLVD.
CLEARWATER FL 34620

Mailing Address

13160 MINDANAO WAY
MARINA DEL RAY CA 90292-9705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1990

4. FEI Number

59-3009922

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 10201 Torre Ave
Suite, Apt. #, etc.

2a. Mailing Address

26 10201 Torre Ave
Suite, Apt. #, etc.

City & State

23 Cupertino CA

City & State

28 Cupertino CA

Zip

24 95014

Country

25 USA

Zip

29 95014

Country

30 USA

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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

TITLE CFOD
NAME GREICO, FRANK
STREET ADDRESS 13160 MINDANAO WAY
CITY-ST-ZIP MARINA DEL REY CA 90292 ☒ DELETE

TITLE PD
NAME FUSCO, JOSEPH
STREET ADDRESS 13160 MINDANAO WAY
CITY-ST-ZIP MARINA DEL RAY CA 90292-9705 ☒ DELETE

TITLE S
NAME BEN-YEHUDA, RON
STREET ADDRESS 13160 MINDANAO WAY
CITY-ST-ZIP MARINA DEL RAY CA 90292-9705 ☒ DELETE

TITLE AS
NAME LIBUTTI, BARBARA
STREET ADDRESS 13160 MANDANAO WAY
CITY-ST-ZIP MARINA DEL RAY CA 90292-9705 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director
1.2 NAME Myers, Greg
1.3 STREET ADDRESS 10201 Torre Avenue
1.4 CITY-ST-ZIP Cupertino, CA 95014 ☒ Change ☐ Addition

2.1 TITLE President
2.2 NAME Salem, Enrique
2.3 STREET ADDRESS 10201 Torre Avenue
2.4 CITY-ST-ZIP Cupertino, CA 95014 ☒ Change ☐ Addition

3.1 TITLE Secretary & Director
3.2 NAME Witte, Derek
3.3 STREET ADDRESS 10201 Torre Avenue
3.4 CITY-ST-ZIP Cupertino, CA 95014 ☒ Change ☐ Addition

4.1 TITLE Vice President
4.2 NAME Courville, Art
4.3 STREET ADDRESS 10201 Torre Avenue
4.4 CITY-ST-ZIP Cupertino, CA 95014 ☒ Change ☐ Addition

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)