

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P01005** (8)

1. Corporation Name
QSI, INC.

Principal Place of Business
**17822 EAST 17TH STREET
TUSTIN CA 92680**

Mailing Address
**17822 EAST 17TH STREET
TUSTIN CA 92780-2151**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/22/1984	3a. Date of Last Report 05/29/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 95-2888568	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAZIN, SHELDON	1.2 NAME	
STREET ADDRESS	17822 E. 17TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	TUSTIN CA	1.4 CITY - ST - ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAZIN, JANET	2.2 NAME	
STREET ADDRESS	17822 E. 17TH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	TUSTIN CA	2.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT MCGRAW	3.2 NAME	
STREET ADDRESS	17822 E 17TH ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	TUSTIN CA	3.4 CITY - ST - ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, ROBERT J.	4.2 NAME	
STREET ADDRESS	17822 E. 17TH STREET #210	4.3 STREET ADDRESS	
CITY - ST - ZIP	TUSTIN CA	4.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LALENDE, ABE.	5.2 NAME	Vice President
STREET ADDRESS	17822 17TH STREET	5.3 STREET ADDRESS	Neufeld, Donn
CITY - ST - ZIP	TUSTIN CA	5.4 CITY - ST - ZIP	17822 E 17th Street, #210
TITLE	CC <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMONA, IRMA	6.2 NAME	Vice President
STREET ADDRESS	17822 E. 17TH STREET #210	6.3 STREET ADDRESS	Flynn, Greg
CITY - ST - ZIP	TUSTIN CA	6.4 CITY - ST - ZIP	17822 E 17th Street, #210

14. I do 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: Robert J. Beck **RECEIVED** McGraw 4/28/97 (714) 731-7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)