

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P01513 (1)

1. Corporation Name

SYVA COMPANY



Principal Place of Business

3403 YERBA BUENA ROAD  
P.O. BOX 49013  
SAN JOSE CA 95161  
US

Mailing Address

C/O TAX DEPT., A1-171  
3401 HILLVIEW AVE.  
PALO ALTO CA 94304

3. Date Incorporated or Qualified

04/05/1984

3a. Date of Last Report

04/07/1995

4. FET Number

94-2467763

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. 199.032,  
Florida Statutes ☐ 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

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

Signature of officer or director of corporation

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS       | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
|-------|------------------|----------------------|-----------------|---------------------------------|
| PD    | BASTIANI, R      | 3403 YERBA BUENA RD  | SAN JOSE CA     |                                 |
| SVP   | OXLADE, DAVID A  | 3401 HILLVIEW AVENUE | PALO ALTO CA    |                                 |
| VP    | JONES, STANLEY J | 3401 HILLVIEW AVE.   | PALO ALTO CA    |                                 |
| V     | AMSHEY, J.       | 3403 YERBA BUENA RD  | SAN JOSE CA     |                                 |
| VPTS  | LEE, WILBERT     | 3401 HILLVIEW AVE.   | PALO ALTO CA    |                                 |
| VP    | PICHT, WILLIAM   | 3401 HILLVIEW AVE.   | PALO ALTO CA    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE  | 2. NAME  | 3. STREET ADDRESS  | 4. CITY - ST - ZIP  | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------|----------|--------------------|---------------------|---------------------------------|-----------------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

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)(g), 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:

*Wilbert Lee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Lee, V.P., Secretary &

Treasurer

4/15/96

908-231-4383

CR2E034 (12/95)