FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02934 (8)

1. Corporation Name
BENTLY NEVADA CORPORATION

Principal Place of Business	Mailing Address
1617 WATER STREET PO BOX 157 MINDEN NV 89423	1617 WATER STREET PO BOX 157 MINDEN NV 89423

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/06/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 88-0088854 ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOD	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	BENTLY, DONALD	1.2 NAME	Christopher P. Bently	
STREET ADDRESS	1617 WATER ST.	1.3 STREET ADDRESS	66 Prospect Avenue	
CITY-ST-ZIP	MINDEN NV	1.4 CITY-ST-ZIP	Sausalito, Ca 94965	
TITLE	VP	2.1 TITLE	~~VP and Director~~	☒ Change ☐ Addition
NAME	CASE, RAYMOND J.	2.2 NAME	~~Case, Raymond J~~	
STREET ADDRESS	3 UTE CT	2.3 STREET ADDRESS	correct as is	
CITY-ST-ZIP	ZEPHYR COVE NV	2.4 CITY-ST-ZIP		
TITLE	VP	3.1 TITLE	Roger G. Harker	☐ Change ☒ Addition
NAME	BIGGS, DAVID H.	3.2 NAME	President and Director	
STREET ADDRESS	896 BOLLEN CIR.	3.3 STREET ADDRESS	1629 Belarra	
CITY-ST-ZIP	GARDNERVILLE NV	3.4 CITY-ST-ZIP	Minden, Nv ~~89410~~ 89423	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	SHAW, WILLIAM J.	4.2 NAME		
STREET ADDRESS	1625 HWY 395	4.3 STREET ADDRESS		
CITY-ST-ZIP	MINDEN NE A/V	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHROEDER, DONALD W.	5.2 NAME		
STREET ADDRESS	56 PATRICIA	5.3 STREET ADDRESS		
CITY-ST-ZIP	ATHERTON CA	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	FREE, LEDGER D.	6.2 NAME		
STREET ADDRESS	970 MONTE ROSA DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	MENLO PARK CA	6.4 CITY-ST-ZIP		

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)(k), 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: R.J. Case, VP Finance 4/27/95 702 782-9255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481493 FN