

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P04460

1. Entity Name
MAI SYSTEMS CORPORATION



Principal Place of Business
**26110 ENTERPRISE WAY
SUITE 200
LAKE FOREST, CA 92630 US**

Mailing Address
**26110 ENTERPRISE WAY
SUITE 200
LAKE FOREST, CA 92630 US**



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2554549 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when consenting) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000155128
05/05/04-80023-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
RESSLER, RICHARD S.
26110 ENTERPRISE WAY
LAKE FOREST, CA 92630**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LOSHITZER, ZOHAR
26110 ENTERPRISE WAY
LAKE FOREST, CA 92630**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MAYER, STEVEN F
26110 ENTERPRISE WAY
LAKE FOREST, CA 92630**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CEOP
KRETZMER, WILLIAM B
26110 ENTERPRISE WAY
LAKE FOREST, CA 92630**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CFO
DOLAN, JAMES
26110 ENTERPRISE WAY
LAKE FOREST, CA 92630**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ROSS, STEPHEN
26110 ENTERPRISE WAY
LAKE FOREST, CA 92630**

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 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

James W. Dolan 4-27-04
949 5986120
429 111
Daytime Phone #