2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 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

04262006 No Chg-P CR2E034 (11/05)

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

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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 _____ 4-27-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

100000549080
05/13/06-80001-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RESSLER, RICHARD S.
STREET ADDRESS	26110 ENTERPRISE WAY
CITY-ST-ZIP	LAKE FOREST, CA 92630
TITLE	D
NAME	LOSHITZER, ZOHAR
STREET ADDRESS	26110 ENTERPRISE WAY
CITY-ST-ZIP	LAKE FOREST, CA 92630
TITLE	D
NAME	MAYER, STEVEN F
STREET ADDRESS	26110 ENTERPRISE WAY
CITY-ST-ZIP	LAKE FOREST, CA 92630
TITLE	CEOP
NAME	KRETZMER, WILLIAM B
STREET ADDRESS	26110 ENTERPRISE WAY
CITY-ST-ZIP	LAKE FOREST, CA 92630
TITLE	CFO
NAME	DOLAN, JAMES
STREET ADDRESS	26110 ENTERPRISE WAY
CITY-ST-ZIP	LAKE FOREST, CA 92630
TITLE	D
NAME	ROSS, STEPHEN
STREET ADDRESS	26110 ENTERPRISE WAY
CITY-ST-ZIP	LAKE FOREST, CA 92630

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ James W. Dolan 4-27-06 949 598-6120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #