

**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

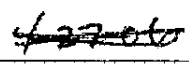
4. FEI Number 22-2554549	Applied For Not Applicable
------------------------------------	-------------------------------

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

**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 
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

1100003549080
05/13/06-80001-015 150.00

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 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 #