FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P10636 (9)

1. Corporation Name

FLEET FIVE, INC.

Principal Place of Business
3000 HANOVER STREET
PALO ALTO CA 94304

Mailing Address
3000 HANOVER STREET
PALO ALTO CA 94304

3. Date Incorporated or Qualified: 07/02/1986
3a. Date of Last Report: 08/03/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 77-0072329 ☐ 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**

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

10. **Name and Address of New Registered Agent**
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

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	WILSON, JOHN P., JR.	
STREET ADDRESS	10531 RAMPART	
CITY-ST-ZIP	CUPERTINO CA	
TITLE	S	☐ DELETE
NAME	BASKINS, ANN O.	
STREET ADDRESS	525 SAINT FRANCIS PLACE	
CITY-ST-ZIP	MENLO PARK CA	
TITLE	T	☐ DELETE
NAME	PIPE, JOEL	
STREET ADDRESS	10423 CHISOLM AVENUE	
CITY-ST-ZIP	CUPERTINO CA	
TITLE	V	☐ DELETE
NAME	EZRATI, LESTER	
STREET ADDRESS	340 BARBARA WAY	
CITY-ST-ZIP	HILLSBOROUGH CA	
TITLE	D	☐ DELETE
NAME	WAYMAN, ROBERT P.	
STREET ADDRESS	11975 MURIETTA LANE	
CITY-ST-ZIP	LOS ALTOS HILLS CA	
TITLE	D	☒ DELETE
NAME	WALKER, ROBERT RQ	
STREET ADDRESS	180 CHEROKEE WAY	
CITY-ST-ZIP	PORTOLA VALLEY CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	McKELVEY, THOMAS R.	
1.3 STREET ADDRESS	8133 PARK VILLA CIRCLE	
1.4 CITY-ST-ZIP	CUPERTINO, CA. 95014	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	☒ Change ☒ Addition
6.2 NAME	McLEAN, GORDON D.	
6.3 STREET ADDRESS	621 MANRESA LANE	
6.4 CITY-ST-ZIP	LOS ALTOS, CA. 94022	

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: Joel Pipe JOEL PIPE 1-16-96 (415)857-2784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)