


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/02/1986	
21		26		4. FEI Number 77-0072329	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
				30	Country
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKELVEY, THOMAS R			1.2 NAME	MCKELVEY, THOMAS		
STREET ADDRESS	8133 PARK VILLA CIRCLE			1.3 STREET ADDRESS	8133 PARK VILLA CIRCLE		
CITY-ST-ZIP	CUPERTINO CA			1.4 CITY-ST-ZIP	CUPERTINO, CA. 95014		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BASKINS, ANN O.			2.2 NAME	POORE, CHARLES R. JR.		
STREET ADDRESS	525 SAINT FRANCIS PLACE			2.3 STREET ADDRESS	164 OAK VIEW LANE		
CITY-ST-ZIP	MENLO PARK CA			2.4 CITY-ST-ZIP	HELENA, AL. 35080		
TITLE	I	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIPE, JOEL			3.2 NAME			
STREET ADDRESS	10423 CHISOLM AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	CUPERTINO CA			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EZRATI, LESTER			4.2 NAME			
STREET ADDRESS	340 BARBARA WAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	HILLSBOROUGH CA			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAYMAN, ROBERT P.			5.2 NAME			
STREET ADDRESS	11975 MURIETTA LANE			5.3 STREET ADDRESS			
CITY-ST-ZIP	LOS ALTOS HILLS CA			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLEAN, GORDON D			6.2 NAME	MCLEAN, GORDON		
STREET ADDRESS	621 MANRESA LANE			6.3 STREET ADDRESS	621 MANRESA LANE		
CITY-ST-ZIP	PORTOLA VALLEY CA			6.4 CITY-ST-ZIP	LOS ALTOS, CA. 94022		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *John A. B...* REQUIRED

1-9-98 ( ) 857-2784

CR2E034 (10/97)