
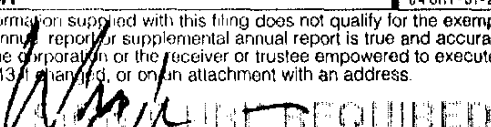


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 03 1997 8:00am
Secretary of State

| | | | | | |
|---|--------------------|---|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P19491 (0) | | | | | |
| 1. Corporation Name FILENET CORPORATION | | | | | |
| Principal Place of Business 3565 HARBOR BLVD. COSTA MESA CA 92626 | | | Mailing Address 3565 HARBOR BLVD. COSTA MESA CA 92626-1405 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/03/1988 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 3a. Date of Last Report 03/20/1996 | |
| 22 City & State | | 27 City & State | | 4. FEI Number 95-3757924 | |
| 23 Zip | | 28 Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 25 Country | | 29 Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST SUITE 105 TALLAHASSEE FL 32301 | | | 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 _____ <small>Signature: type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | VS | <input type="checkbox"/> DELETE | | | |
| NAME | ST. CLARE, MARK S. | | | | |
| STREET ADDRESS | 3565 HARBOR BLVD | | | | |
| CITY - ST - ZIP | COSTA MESA CA | | | | |
| TITLE | V | <input type="checkbox"/> DELETE | | | |
| NAME | WADDINGTON, B S | | | | |
| STREET ADDRESS | 3565 HARBOR BLVD. | | | | |
| CITY - ST - ZIP | COSTA MESA CA | | | | |
| TITLE | CC | <input type="checkbox"/> DELETE | | | |
| NAME | WILLIAM RHUGHES | | | | |
| STREET ADDRESS | 3565 HARBOR BLVD | | | | |
| CITY - ST - ZIP | COSTA MESA CA | | | | |
| TITLE | PCD | <input type="checkbox"/> DELETE | | | |
| NAME | SMITH, THEODORE J. | | | | |
| STREET ADDRESS | 3565 HARBOR BLVD | | | | |
| CITY - ST - ZIP | COASTA MESA CA | | | | |
| TITLE | V | <input type="checkbox"/> DELETE | | | |
| NAME | LIBIT, JORDAN | | | | |
| STREET ADDRESS | 3565 HARBOR BLVD | | | | |
| CITY - ST - ZIP | COSTA MESA CA | | | | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE | | | |
| NAME | CAR&EMTER, L H | | | | |
| STREET ADDRESS | 3565 HARBOR BLVD | | | | |
| CITY - ST - ZIP | COSTA MESA CA | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 1.2 NAME | | | | | |
| 1.3 STREET ADDRESS | | | | | |
| 1.4 CITY - ST - ZIP | | | | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 2.2 NAME | | | | | |
| 2.3 STREET ADDRESS | | | | | |
| 2.4 CITY - ST - ZIP | | | | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 3.2 NAME | | | | | |
| 3.3 STREET ADDRESS | | | | | |
| 3.4 CITY - ST - ZIP | | | | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY - ST - ZIP | | | | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY - ST - ZIP | | | | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| 6.2 NAME | | Senior Vice President - Fred H. Selby | | | |
| 6.3 STREET ADDRESS | | 3565 Harbor Blvd. | | | |
| 6.4 CITY - ST - ZIP | | Costa Mesa, CA 92626 | | | |
| 14. I do 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 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, unchanged, or on an attachment with an address. | | | | | |
| SIGNATURE:  W. R. Hughes (714) 966-3400 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |



CR2E034 (9/96)