

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P20350** (5)
1. Corporation Name
RECON SYSTEMS, INC.



Principal Place of Business 5 JOHNSON DR RARITAN NJ 08869-0130 US	Mailing Address 5 JOHNSON DR RARITAN NJ 08869-1851 US 1900 Powell Street Emeryville, CA. 94608
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/04/1988	3a. Date of Last Report 03/04/1996
4. FEI Number 22-1863475	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	WEINSTEIN, NORMAN <input checked="" type="checkbox"/> DELETE	1.1 TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		1.2 NAME Francois Carrette	
STREET ADDRESS		1.3 STREET ADDRESS 3, avenue du President Wilson	
CITY-ST-ZIP		1.4 CITY-ST-ZIP Paris, France 75116	
TITLE EVP	TORO, RICHARD <input checked="" type="checkbox"/> DELETE	2.1 TITLE Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		2.2 NAME Sharon Hall	
STREET ADDRESS		2.3 STREET ADDRESS 1900 Powell Street	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Emeryville, CA 94608	
TITLE Executive Vice President	KELLY, ROBERT <input checked="" type="checkbox"/> DELETE change in title	3.1 TITLE Treasurer, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		3.2 NAME Alain Thieffry	
STREET ADDRESS		3.3 STREET ADDRESS 1900 Powell Street	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Emeryville, CA 94608	
TITLE AS	PENMAN, GORDON R <input type="checkbox"/> DELETE	4.1 TITLE Vice President, Operations <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		4.2 NAME Joanne Scully	
STREET ADDRESS		4.3 STREET ADDRESS 5 Johnson Drive	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Raritan, NJ 08869	
TITLE OVP	SWETTIS, F W <input checked="" type="checkbox"/> DELETE	5.1 TITLE Chief Operating Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		5.2 NAME Brian Baxter	
STREET ADDRESS		5.3 STREET ADDRESS 5 Johnson Drive	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Raritan, NJ 08869	
TITLE AS	BARONE, DONA A <input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: Sharon Hall **Sharon Hall, Vice President** April 29, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)