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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name P20519

(5)

AUTOMATION ATWORK CORPORATION

| Principal Place | of Business | 29 30339 I Address of Current Registered Agent CORPORATION SYSTEM, INC. B1 Name B2 Street B3 B4 City Of Sections 607.0502 and 607.1508, Florida Statutes, the above-named of in the State of Florida. Such change was authorized by the corporation elobligations of, Section 607.0505, Florida Statutes. Cod came of registered agent and stell flactificable (NOTE: Registered Agent signature) OFFICERS AND DIRECTORS 13. DELETE 1.1 HILE 1.2 NAME 1.3 SIREET ADDRESS 1.4 CITY-ST-ZIP JOHN E ZONE BLV #201 CA 2014-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 44 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 31 TITLE 32 NAME 33 STREET ADDRESS 31 STREET ADDRESS | | | | | il Billil Billi | 11 013 11 01811 1081 | | |
|---|--|---|-----------|---------------|---|--|--------------------------------|-------------------------------------|----------------|--|
| SUITE 400 SAN JOSE CA 95131 | | | | | | | | | | |
| US | | | | | | 3. Date Incorporated or Qualified 08/18/1988 | | . Date of Last Report 07/25/1995 | | |
| 2. Principal Pla | h1 | | | | 4. FEI Number | · | Applied For | | | |
| 21 | | | land I | ark | way | 94-2895826 | | | Not Applicable | |
| Suite, Apt. # 22 | | 27 Suite 300 | | | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | |
| City & State | | | | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | | |
| - Ziρ | Country | | _ ' | | | 8. This corporation has liability for i | | | | |
| 24 | 25 | | [30] [| JSA | | <u> </u> | No | | | |
| | 9. Name and Address of Current | Hegisterea Agent | | 01 h | lana | 10. Name and Address of New R | egistered A | gent | | |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC. | | | | | earne | | | | | |
| 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 | ISIEM, ING. | | | Street Addres | Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | 83 | | | | | | |
| | | | | | · | | FL | | ip Code | |
| | Signature, typed or printed name of registered opentia | | | Agent sig | nature required v | | DATE | | | |
| 12. Tillef | PD OFFICERS AND | | | | P | ADDITIONS/CHANGES TO OFF | | | | |
| NAME | WARNER, MICHAEL | L. J SECCIE | | | | mnow Mahaal | L. | Charige Charige | Addition | |
| STREET ADDRESS | 100 EUROPA DR. #250 | | | | | rner, Michael O Europa Dr., #250 | | | | |
| CITY-ST-ZIP | CHAPEL HILL NO | | | | | apel Hill, NC 2751 | ı. | | | |
| TITLE | VSD | DELFTE | | | V | aber util. No 2/31 | | Change | Addition | |
| NAME | HOLTON, JOHN | | 2 2 NA | ME | Ho1 | ton, John | | | | |
| STREET ADDRESS | 2150 TRADE ZONE BLV #201 | 1 | 2351 | REET ADO | | O Trade Zone Blvd., | #201 | | | |
| City St-ZiP | SAN JOSE CA | | 2 4 CI | [Y-S]-7 | | Jose, CA | | | | |
| TITLE | CFO | KX DELETE | 3 1 T | TLE | v | | |] Change | X Addition | |
| NAME | KRUG, PAUL | | 3 2 N/ | ME. | She | rman, Peggy B. | | | | |
| STREET ADDRESS | 2150 TRADE ZONE BLD S201 | | 3 3. S | REET AD | | O Cumberland Parkwa | y, Sui | te 30 | 00 | |
| Cily - S1 - ZiF | SAN JOSE CA | € OFFICE | | | | anta, GA 30339 | · | 7.05 | -Fee Address | |
| TITLE NAME | | | | | C/C | | L. |] Change | XX Addition | |
| STREET ADDRESS | | | | | | wn, Randolph G. | | | 0.0 | |
| CHY-SI-ZIF | | | | | | O Cumberland Parkwa | ly, Sul | te 30 | 00 | |
| THILE | | DELETE | | | | anta, <u>GA 30339</u> :/CEO | | 7 Change | X Addition | |
| NAME | | - | | | | erly, Dennis R. | - | ,g- | LAL | |
| \$18661 ADDRESS | • | | | | | 00 Oakbrook Pkwy., | Bldo. ' | 300. | Ste. 30 | |
| CITY-ST-ZIP | | | | | P No: | rcross, GA 30093 | ~~~6• | ,,,,, | 200. 30 | |
| TIBLE | | DELETE | | | D/S | | |] Change | X Addition | |
| NAME | | | 6 2 N | ME | | e, Michael R. | _ | • | | |
| S1REET ADDRESS | | | 6351 | REET ADD | | O Cumberland Parkwa | ıy, Sui | te 30 | 00 | |
| CITY-ST-ZIP | | | 6 4 CI | TY-ST-ZI | | anta, (A 30339 | | | | |
| 14. Ldo bereby | certify that the information supplied w | ith this filma is voluntarily furn | ished and | does no | | | 07(3)/kt Flor | ida Stati | itos I furthor | |

con nereby certify that the information supplied with this tilling 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 and type on thirds name or signing officer on director

Percy B. Sheyman, V. Pres. Asst. Sec. Assoc. Coperal Counsel

(770) 339-3300 Dayting Priore N

SIGNATURE: