SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 10:09

DOCUMENT # **P21290** **(2)**

1. Corporation Name

COMPUTER DEFENSE SYSTEMS, INC.

Principal Place of Business	Mailing Address
634 WESTWOOD AVE LONG BRANCH NJ 07740 US	263 FIELD END RD SARASOTA FL 34240 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1988
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
County — 25:
Zip — 29:
County — 30:

4. FEI Number: 22-2340728 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has [illegible] for intangible tax under s. 199.032, Florida Statutes: X Yes ☐ No

9. Name and Address of Current Registered Agent

BECK, STEPHEN
741 TROPICAL CIRCLE
SARASOTA FL 34242

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BECK, STEPHEN	12 NAME	
STREET ADDRESS	741 TROPICAL CIR	13 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	CAPUTO SR., SALVATORE	22 NAME	
STREET ADDRESS	715 TROPICAL CIR	23 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CAPUTO JR., SALVATORE	32 NAME	
STREET ADDRESS	715 TROPICAL CIR	33 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CAPUTO, ALEXANDER	42 NAME	
STREET ADDRESS	715 TROPICAL CIR	43 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	FONG, WILLIAM	52 NAME	
STREET ADDRESS	~~100 MONMOUTH PARK HWY~~	53 STREET ADDRESS	725 TROPICAL CIRCLE
CITY ST ZIP	SARASOTA FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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: Salvatore Caputo SR 6/9/95 813-378-0087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0111183 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 24 PM 9:22

DOCUMENT # **P21552** **(5)**

1. Corporation Name
HOSPITAL CORRESPONDENCE CORPORATION .

Principal Place of Business	Mailing Address
226 AIRPORT PARKWAY SUITE 200 SAN JOSE CA 95110	~~3525 EASTHAM DR~~ ~~CULVER CITY CA 90232~~ US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 841 APOLLO STREET	3. Date Incorporated or Qualified 10/28/1988	3a. Date of Last Report 02/17/1994
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	4. FEI Number 77-0080021	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 EL SEGUNDO CALIFORNIA	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / County 24 / 25	Zip / County 29 90245 / 30 US	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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 8751 WEST BROWARD BOULEVARD PLANTATION FL 33324	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 (type or printed name) of registered agent setting forth capacity) (NOTE: Registered Agent signature required when resolution) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	HALLMAN, SCOTT	12 NAME	
STREET ADDRESS	226 AIRPORT PKWY #200	13 STREET ADDRESS	
CITY ST ZIP	SAN JOSE CA	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	MCCAWLEY, CRAIG	22 NAME	
STREET ADDRESS	226 AIRPORT PKWY #200	23 STREET ADDRESS	
CITY ST ZIP	SAN JOSE CA	24 CITY ST ZIP	
TITLE	S	31 TITLE	☒ Change ☐ Addition
NAME	BACHMANN, JEFFREY C	32 NAME	
STREET ADDRESS	~~3525 EAST HAM DRIVE~~	33 STREET ADDRESS	841 APOLLO STREET
CITY ST ZIP	~~CULVER CITY CA~~	34 CITY ST ZIP	EL SEGUNDO, CA 90245
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	RUSHEEN, GRISEL	42 NAME	
STREET ADDRESS	6011 NO POINTE PL	43 STREET ADDRESS	
CITY ST ZIP	WOODLAND HILLS CA	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MEHTA, NITIN T	52 NAME	
STREET ADDRESS	58 GREEN OAKS DRIVE	53 STREET ADDRESS	
CITY ST ZIP	ATHERTON CA	54 CITY ST ZIP	
TITLE		61 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME		62 NAME	ROBERT FINZI
STREET ADDRESS		63 STREET ADDRESS	75 TUMSUDEN WAY
CITY ST ZIP		64 CITY ST ZIP	WOODSIDE, CA 94062

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)(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: Grisel Rusheen GRISEL RUSHEEN 5/20/95 (310) 726-0000 x2244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0482644 FP