

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra E. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P21511 (1)
1. Corporation Name
ALPHA MICROSYSTEMS, INC.



Principal Place of Business

Mailing Address

3511 SUNFLOWER
SANTA ANA CA 92704
US

3511 SUNFLOWER
SANTA ANA CA 92704
US

2. Principal Place of Business

2a. Mailing Address

21 2722 S. FAIRVIEW ST.
Suite, Apt. #, etc.

26 2722 S. FAIRVIEW ST.
Suite, Apt. #, etc.

22

27

City & State

City & State

23 SANTA ANA CA

28 SANTA ANA CA

Zip

Country

Zip

Country

24 92704

25 U.S.

29 CA 92704

30 U.S.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/27/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

95-3108178

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 his or her address

Attest: Registered Agent's signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VS
NAME GLADE, JOHN F.
STREET ADDRESS 5934 W. VIEW DRIVE
CITY-STATE-ZIP ORANGE CA

☐ DELETE

1.1 TITLE D
1.2 NAME MAHMARIAN, RICHARD E.
1.3 STREET ADDRESS 2722 S. FAIRVIEW
1.4 CITY-STATE-ZIP SANTA ANA, CA 92704

☐ Change

☒ Add-on

TITLE PD
NAME TULLIO, DOUGLAS J
STREET ADDRESS 901 SUMMIT DR
CITY-STATE-ZIP LAGUNA BCH CA

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change

☐ Add-on

TITLE CD
NAME REYNOLDS, CLARKE E.
STREET ADDRESS 13013 CAMINITO BRACHO
CITY-STATE-ZIP R. BERNARDO CA

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change

☐ Add-on

TITLE D
NAME HANKIN, ROCKELL H.
STREET ADDRESS 12671 PROMONTORY ROAD
CITY-STATE-ZIP LOS ANGELES CA

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change

☐ Add-on

TITLE VCFO
NAME LOWELL, MICHAEL J.
STREET ADDRESS 32942 BARQUE WAY
CITY-STATE-ZIP DANA POINT CA

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change

☐ Add-on

TITLE D
NAME HATHAWAY, HARRY L.
STREET ADDRESS 1351 BEDFORD ROAD
CITY-STATE-ZIP SAN MARINO CA

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change

☐ Add-on

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P. & C.F.O.

4/10/96 (714) 957-8500
Date Time Phone #

CR2E034 (12/95)