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Mar 07 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 # P24232

(1)

1. Corporation Name

THE SANTA CRUZ OPERATION, INC.

Principal Place of Business

400 ENCINAL STREET
SANTA CRUZ CA 95060

Mailing Address

400 ENCINAL STREET
SANTA CRUZ CA 95060-2445



3. Date Incorporated or Qualified

05/09/1989

3a. Date of Last Report

02/05/1996

4. FEI Number

94-2549086

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

95060

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCLURE, ROBERT	
STREET ADDRESS	P. O. BOX 2889 N/A	
CITY - ST - ZIP	EVERGREEN CO	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MICHEL, DOUGLAS	
STREET ADDRESS	4717 BRANCIFORTE DR.	
CITY - ST - ZIP	SANTA CRUZ CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PATTERSON, ARTHUR	
STREET ADDRESS	ONE EMBARCADERO CENTER, STE. 3820	
CITY - ST - ZIP	SAN FRANCISCO CA	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	TURNDAL, LARS	
STREET ADDRESS	17 EATON PARK ROAD	
CITY - ST - ZIP	COBHAM, SURREY KT112-JJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, GILBERT	
STREET ADDRESS	2320 KETTERING TOWER	
CITY - ST - ZIP	DAYTON OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ENZO FORRESE
3.3 STREET ADDRESS	211 TOWNLEY LOOP
3.4 CITY - ST - ZIP	LOS GATOS, CA 95032
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ALOK MOHAN
4.3 STREET ADDRESS	85 PASATIEMPO Drive
4.4 CITY - ST - ZIP	Santa Cruz, CA 95060
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	SV STAVEN M. SABBATH
6.3 STREET ADDRESS	233 BLACKSTONE Drive
6.4 CITY - ST - ZIP	BOULDER CREEK, CA 95006

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: *Steven M. Sabbath*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 February 1997 (1408)427-246
Date
Signature Print Name

CR2E034 (9/96)