

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

FILED  
Feb 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>05/09/1989</b>	
<b>21</b> Suite, Apt. #, etc.		<b>26</b> Suite, Apt. #, etc.		<b>4. FEI Number</b> <b>94-2549086</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22</b> City & State		<b>27</b> City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b> Zip	Country	<b>28</b> Zip	Country	<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>	<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>D</b>	<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCLURE, ROBERT</b>	<b>1.2</b> NAME	
STREET ADDRESS	<b>P. O. BOX 2889 N/A</b>	<b>1.3</b> STREET ADDRESS	
CITY-ST-ZIP	<b>EVERGREEN CO</b>	<b>1.4</b> CITY-ST-ZIP	
TITLE	<b>DV</b>	<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHELS, DOUGLAS</b>	<b>2.2</b> NAME	
STREET ADDRESS	<b>4717 BRANCIFORTE DR.</b>	<b>2.3</b> STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA CRUZ CA</b>	<b>2.4</b> CITY-ST-ZIP	
TITLE	<b>D</b>	<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ENZO TORRESI</b>	<b>3.2</b> NAME	
STREET ADDRESS	<b>211 TOURNEY LOOP</b>	<b>3.3</b> STREET ADDRESS	
CITY-ST-ZIP	<b>LOS GAROS CA</b>	<b>3.4</b> CITY-ST-ZIP	
TITLE	<b>DP</b>	<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALOK MOHAN</b>	<b>4.2</b> NAME	
STREET ADDRESS	<b>85 PASATIEMPO DR</b>	<b>4.3</b> STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA CRUZ CA</b>	<b>4.4</b> CITY-ST-ZIP	
TITLE	<b>D</b>	<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMSON, GILBERT</b>	<b>5.2</b> NAME	
STREET ADDRESS	<b>2320 KETTERING TOWER</b>	<b>5.3</b> STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTON OH</b>	<b>5.4</b> CITY-ST-ZIP	
TITLE	<b>SV</b>	<b>6.1</b> TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEVEN M SABBATH</b>	<b>6.2</b> NAME	<b>STEVEN M. SABBATH</b>
STREET ADDRESS	<b>333 BLACKSTONE DR</b>	<b>6.3</b> STREET ADDRESS	
CITY-ST-ZIP	<b>BOULDER CREEK CA</b>	<b>6.4</b> CITY-ST-ZIP	

**14. I 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 the attachment with an address.**

SIGNATURE:

*Steven M. Sabbath* Steven M. Sabbath 23 Jan 98 408/427-7866

CR2E034 (10/97)