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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90104 001 \*\*\*150.00

DOCUMENT # P24232

1. Corporation Name

THE SANTA CRUZ OPERATION, INC.



Principal Place of Business

P.O. BOX 1900  
SANTA CRUZ CA 95061-1900

Mailing Address

P.O. BOX 1900  
SANTA CRUZ CA 95061-1900

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1989

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 400 ENCINAL STREET

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 SANTA CRUZ, CA

24 Zip 95060 25 Country USA

27 City & State

28 Zip 29 Country

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME MCCLURE, ROBERT  
STREET ADDRESS P. O. BOX 2889 N/A  
CITY-ST-ZIP EVERGREEN CO

TITLE DV ☐ DELETE  
NAME MICHELS, DOUGLAS  
STREET ADDRESS 4717 BRANCIFORTE DR.  
CITY-ST-ZIP SANTA CRUZ CA

TITLE D ☒ DELETE  
NAME ENZO TORRESI  
STREET ADDRESS 211 TOURNEY LOOP  
CITY-ST-ZIP LOS GAROS CA

TITLE DP ☐ DELETE  
NAME ALOK MOHAN  
STREET ADDRESS 85 PASATIEMPO DR  
CITY-ST-ZIP SANTA CRUZ CA

TITLE D ☐ DELETE  
NAME WILLIAMSON, GILBERT  
STREET ADDRESS 2320 KETTERING TOWER  
CITY-ST-ZIP DAYTON OH

TITLE SV ☐ DELETE  
NAME SABBATH, STEVEN M  
STREET ADDRESS 333 BLACKSTOVE DR  
CITY-ST-ZIP BOULDER CREEK CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME NINIAN EADIE  
1.3 STREET ADDRESS 18 THE MALL  
1.4 CITY-ST-ZIP EAST SHEEN, LONDON ENG. SW14 7EN

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME RONALD LACHMAN  
2.3 STREET ADDRESS 3140 WHISPERWOODS COURT  
2.4 CITY-ST-ZIP NORTHBROOK, IL 60062

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME R. DUFF THOMPSON  
3.3 STREET ADDRESS 1024 E. RIVERHAVEN CIRCLE  
3.4 CITY-ST-ZIP OREM, UTAH 84058

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 an attachment with an address, with all other like empowered.

SIGNATURE: *Steven M Sabbath* 8 Jan 1999 (830) 427-7159

CR2E034 (11/98)