

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P24657 (9)
1. Corporation Name
ONE HARBOUR DELAWARE, INC.



Principal Place of Business
255 SHORELINE DRIVE
SUITE 600
REDWOOD CITY CA 94065

Mailing Address
255 SHORELINE DRIVE
SUITE 600
REDWOOD CITY CA 94065

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/09/1989	
21		26		4. FEI Number 94-3094331	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
24		29		30	
Country		Country			
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	Director/VP
NAME	CARP, MICHAEL	1.2 NAME	Gregory Johnson
STREET ADDRESS	255 SHORELINE DR #600	1.3 STREET ADDRESS	255 Shoreline Drive, Suite 600
CITY-ST-ZIP	REDWOOD CITY CA 94065	1.4 CITY-ST-ZIP	Redwood City, CA 94065
TITLE	VPD	2.1 TITLE	Director/VP
NAME	CHILD, S. BRADFORD	2.2 NAME	Scott Peterson
STREET ADDRESS	255 SHORELINE DR #600	2.3 STREET ADDRESS	255 Shoreline Drive, Suite 600
CITY-ST-ZIP	REDWOOD CITY CA 94065	2.4 CITY-ST-ZIP	Redwood City, CA 94065
TITLE	S	3.1 TITLE	
NAME	PATEL, REKHA	3.2 NAME	
STREET ADDRESS	255 SHORELINE DR #600	3.3 STREET ADDRESS	
CITY-ST-ZIP	REDWOOD CITY CA 94065	3.4 CITY-ST-ZIP	
TITLE	Director/President	4.1 TITLE	
NAME	TCHEAU, GUY	4.2 NAME	
STREET ADDRESS	255 SHORELINE DR #600	4.3 STREET ADDRESS	
CITY-ST-ZIP	REDWOOD CITY CA 94065	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 a address.

SIGNATURE _____
4/10/98

CR2E034 (10/97)