

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P27573** (5)  
1. Corporation Name  
**AJILON SERVICES, INC.**

Principal Place of Business  
**100 REDWOOD SHORES PARKWAY  
REDWOOD CITY CA 94065**

Mailing Address  
**100 REDWOOD SHORES PARKWAY  
REDWOOD CITY CA 94065**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/04/1990</b>	
21		26		4. FEI Number <b>94-3056065</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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	
24	Zip	25	Country	29	Zip
30					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		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

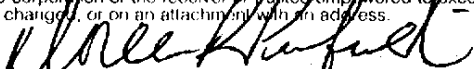
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWMER, JOHN P</b>	1.2 NAME	
STREET ADDRESS	<b>100 REDWOOD SHORES PARKWAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>REDWOOD CITY CA 94065</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>P,C,CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAGGERTY, LEROY F</b>	2.2 NAME	
STREET ADDRESS	<b>100 REDWOOD SHORES PARKWAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>REDWOOD CITY CA 94065</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PFISTER, PETER A</b>	3.2 NAME	
STREET ADDRESS	<b>100 REDWOOD SHORES PARKWAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>REDWOOD CITY CA 94065</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PENFIELD, DOREEN R.</b>	4.2 NAME	
STREET ADDRESS	<b>100 REDWOOD SHORES PARKWAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>REDWOOD CITY CA 94065</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>AS,VP, CFO,D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EATON, MARK</b>	5.2 NAME	
STREET ADDRESS	<b>100 REDWOOD SHORES PARKWAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>REDWOOD CITY CA 94065</b>	5.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHMAN, MARK</b>	6.2 NAME	
STREET ADDRESS	<b>100 REDWOOD SHORES PARKWAY</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>REDWOOD CITY CA 94065</b>	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.

SIGNATURE:



DOREEN PENFIELD

3/31/98

650-610-1013

CR2E034 (10/97)