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Mar 03 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 # P27650 (1)
1. Corporation Name
CALIFORNIA DIVERSIFIED SOFTWARE SYSTEMS, INC.



Principal Place of Business Mailing Address
18630 SUTTER BLVD 18630 SUTTER BLVD
MORGAN HILL CA 95037 MORGAN HILL CA 95037

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 18635 Sutter Blvd	26 18635 Sutter Blvd		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23 Morgan Hill CA	28 Morgan Hill CA		
Zip	Country	Zip	Country
24 95037	25 USA	29 95037	30 USA

3. Date Incorporated or Qualified

01/08/1990

4. FEI Number

94-2526430

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	1.1 TITLE	D
NAME	SANDO, LOWELL L.	1.2 NAME	BAKER, JAMES A.
STREET ADDRESS	3080 PASEO VISTA	1.3 STREET ADDRESS	5252 AREZZO WAY
CITY-ST-ZIP	SAN MARTIN CA	1.4 CITY-ST-ZIP	SAN JOSE, CA 95138
TITLE	S	2.1 TITLE	
NAME	SANDO, PATRICIA A.	2.2 NAME	
STREET ADDRESS	3080 PASEO VISTA	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN MARTIN CA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	HEATH, DONALD M.	3.2 NAME	
STREET ADDRESS	1160 OLD STATE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA	3.4 CITY-ST-ZIP	
TITLE	J	4.1 TITLE	
NAME	JASPERSEN, JEROME	4.2 NAME	
STREET ADDRESS	1025 APPIAN WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MORGAN HILL CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	STRATTON, JAMES D.	5.2 NAME	
STREET ADDRESS	1820 BURNING TREE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	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 an address.

CR2E034 (10/97)