

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90022 008 \*\*\*150.00

**DOCUMENT # P27650**

1. Entity Name

**CALIFORNIA DIVERSIFIED SOFTWARE SYSTEMS, INC.**

Principal Place of Business

Mailing Address

18635 SUTTER BLVD  
 MORGAN HILL CA 95037  
 US

18635 SUTTER BLVD  
 MORGAN HILL CA 95037  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **94-2526430**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PD  
 SANDO, LOWELL L. ☐ Delete  
 STREET ADDRESS 3060 PASEO VISTA  
 CITY-ST-ZIP SAN MARTIN CA

TITLE NAME CD ☒ Change ☐ Addition  
 Sando, Lowell  
 STREET ADDRESS 18635 Sutter Blvd.  
 CITY-ST-ZIP Morgan Hill, CA 95037

TITLE NAME S ☒ Delete  
 WERDMULLER, JILL  
 STREET ADDRESS 18635 SUTTER BLVD  
 CITY-ST-ZIP MORGAN HILL CA 95037

TITLE NAME S ☐ Change ☒ Addition  
 Moon, Lorie  
 STREET ADDRESS 18635 Sutter Blvd.  
 CITY-ST-ZIP Morgan Hill, CA 95037

TITLE NAME D ☐ Delete  
 HEATH, DONALD M.  
 STREET ADDRESS 1160 OLD STATE COURT  
 CITY-ST-ZIP MCLEAN VA

TITLE NAME V ☐ Change ☒ Addition  
 Becmer, Edmund  
 STREET ADDRESS 18635 Sutter Blvd.  
 CITY-ST-ZIP Morgan Hill, CA 95037

TITLE NAME T ☒ Delete  
 JASPERSEN, JEROME  
 STREET ADDRESS 1025 APPIAN WAY  
 CITY-ST-ZIP MORGAN HILL CA

TITLE NAME PD ☐ Change ☒ Addition  
 Pridham, Thomas  
 STREET ADDRESS 18635 Sutter Blvd.  
 CITY-ST-ZIP Morgan Hill, CA 95037

TITLE NAME D ☐ Delete  
 STRATTON, JAMES D.  
 STREET ADDRESS 1820 BURNING TREE LANE  
 CITY-ST-ZIP DALLAS TX

TITLE NAME VD ☒ Change ☐ Addition  
 Stratton, James D.  
 STREET ADDRESS 1955 Cantwell Grove  
 CITY-ST-ZIP Colorado Springs, CO 80906

TITLE NAME D ☐ Delete  
 BAKER, JAMES A  
 STREET ADDRESS 5282 AREZZO WAY  
 CITY-ST-ZIP SAN JOSE CA 95138

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01 (408) 778-9914

CR2E034 (10/00)