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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P30069 (9)

1. Corporation Name
KOS SYSTEMS, INC.

Principal Place of Business Mailing Address

1800 PRUNERIDGE AVE. CUPERTINO CA 95014

1900 PRUNERIDGE AVE. CUPERTINO CA 95014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/06/1990** 3a. Date of Last Report **03/30/1994**

4. FEI Number **77-0100318** 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 has liability for intangible tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 _____ DATE _____

Signature (typed or printed name of registered agent and title of corporation) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	CASILLI, GERALD S.
STREET ADDRESS	19050 PRUNERIDGE AVE.
CITY ST ZIP	CUPERTINO CA
TITLE	PSD
NAME	FAZAKERLY, WILLIAM B.
STREET ADDRESS	19050 PRUNERIDGE AVE
CITY ST ZIP	CUPERTINO CA
TITLE	V
NAME	HAFEMAN, DANIEL R.
STREET ADDRESS	19050 PRUNERIDGE AVE
CITY ST ZIP	CUPERTINO CA
TITLE	V
NAME	MCLAUGHLIN, STEPHEN M.
STREET ADDRESS	19050 PRUNERIDGE AVE.
CITY ST ZIP	CUPERTINO CA
TITLE	V
NAME	ROCKOM, JOSEPH W.
STREET ADDRESS	19050 PRUNERIDGE AVE
CITY ST ZIP	CUPERTINO CA
TITLE	V
NAME	NUNEZ, RAMON
STREET ADDRESS	19050 PRUNERIDGE AVE
CITY ST ZIP	CUPERTINO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Casilli, Gerald S.	
1.3 STREET ADDRESS	19050 Pruneridge Ave.	
1.4 CITY ST ZIP	Cupertino, CA	
2.1 TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fazakerly, William	
2.3 STREET ADDRESS	19050 Pruneridge Ave.	
2.4 CITY ST ZIP	Cupertino, CA	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Melling, Larry	
4.3 STREET ADDRESS	19050 Pruneridge Ave.	
4.4 CITY ST ZIP	Cupertino, CA	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Stressing, John	
5.3 STREET ADDRESS	19050 Pruneridge Ave.	
5.4 CITY ST ZIP	Cupertino, CA	
6.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Nunez, Ramon	
6.3 STREET ADDRESS	19050 Pruneridge Ave.	
6.4 CITY ST ZIP	Cupertino, CA	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 07(3)(b), 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: *Joseph W. Rockom* 4/17/95 (408) 366-8514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR