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95 FEB 28 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P30448** (5)

1. Corporation Name  
**NCUBE CORPORATION**

Principal Place of Business

**919 E HILLSDALE BLVD  
#200  
FOSTER CITY CA 94041**

Mailing Address

**919 E HILLSDALE BLVD  
#200  
FOSTER CITY CA 94041**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/08/1990** 3a. Date of Last Report **05/01/1994**

4. FEI Number **94-2900314** 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 S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 **110 Marsh Drive**

Suite, Apt. #, etc.

22 **No Suite #**

City & State

23 **Foster City, CA**

Zip

24 **94404-1184**

Country

25 **USA**

2a. Mailing Address

26 **110 Marsh Drive**

Suite, Apt. #, etc.

27 **No Suite #**

City & State

28 **Foster City, CA**

Zip

29 **94404-1184**

Country

30 **USA**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>COLLEY, STEPHEN R.</b>
STREET ADDRESS	<b>80 RIMFIRE CIR</b>
CITY - ST - ZIP	<b>RENO NV</b>
TITLE	<b>PCE</b>
NAME	<b>MEYER, MICHAEL</b>
STREET ADDRESS	<b>919 E HILLSDALE BLVD #200</b>
CITY - ST - ZIP	<b>FOSTER CITY CA</b>
TITLE	<b>D</b>
NAME	<b>STEVENS, MARK</b>
STREET ADDRESS	<b>2 PALO ALTO SQUARE</b>
CITY - ST - ZIP	<b>PALO ALTO CA</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	<b>C</b>
2 3 STREET ADDRESS	<b>110 Marsh Drive</b>
2 4 CITY - ST - ZIP	<b>Foster City CA 94404</b>
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4 2 NAME	<b>P</b>
4 3 STREET ADDRESS	<b>Ronald Dilbeck</b>
4 4 CITY - ST - ZIP	<b>110 Marsh Drive</b>
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	<b>Foster City CA 94404</b>
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

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)(k), 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 acknowledgment.

SIGNATURE:

*Ronald Dilbeck* 2/21/95  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

(Sign in Block 13)