PROFIT CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P35291 (4)

FILED
95 JUL -7 AM 9:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Corporation Name
NETWORK COMPUTING DEVICES, INC.

Principal Place of Business	Mailing Address
3001 N. ROCKY POINT EAST STE 228 TAMPA FL 33607 US	350 BERNARDO AVENUE MOUNTAIN VIEW CA 94043-5207 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/28/1991
3a. Date of Last Report: 06/09/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

4. FEI Number: 77-0177255 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23) / City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25) / Zip (29) Country (30)

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	HARITON, LORRAINE	1.2 NAME	
STREET ADDRESS	350 N. BERNARDO AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNTAIN VIEW CA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☒ Change ☐ Addition
NAME	BOOKER, JOE	2.2 NAME	V
STREET ADDRESS	350 N. BERNARDO AVENUE	2.3 STREET ADDRESS	KLEIN, DOUGLAS
CITY-ST-ZIP	MOUNTAIN VIEW CA	2.4 CITY-ST-ZIP	350 N. BERNARDO AVENUE MOUNTAIN VIEW, CA 94043
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	BRADLEY, JACK	3.2 NAME	
STREET ADDRESS	350 N. BERNARDO AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNTAIN VIEW CA	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	P ☒ Change ☐ Addition
NAME	CARRICO, WILLIAM	4.2 NAME	MARINARO, ED
STREET ADDRESS	350 N. BERNARDO AVENUE	4.3 STREET ADDRESS	350 N. BERNARDO AVENUE
CITY-ST-ZIP	MOUNTAIN VIEW CA	4.4 CITY-ST-ZIP	MOUNTAIN VIEW, CA 94043
TITLE	P	5.1 TITLE	☒ Change ☐ Addition
NAME	ESTRIN, JUDITH	5.2 NAME	V
STREET ADDRESS	350 N. BERNARDO AVENUE	5.3 STREET ADDRESS	PATHAK, JANAK
CITY-ST-ZIP	MOUNTAIN VIEW CA	5.4 CITY-ST-ZIP	350 N. BERNARDO AVENUE MOUNTAIN VIEW, CA 94043
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	HARRIGAN, MICHAEL	6.2 NAME	
STREET ADDRESS	350 N. BERNARDO AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNTAIN VIEW CA	6.4 CITY-ST-ZIP	

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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 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: _____ 6/17/95 415/694-0682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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