

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 22 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 # P35291 (4)  
1. Corporation Name  
NETWORK COMPUTING DEVICES, INC.



Principal Place of Business  
350 NORTH BERNARDO AVENUE  
MOUNTAIN VIEW CA 94043-5207  
US

Mailing Address  
350 NORTH BERNARDO AVENUE  
MOUNTAIN VIEW CA 94043-5207  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/28/1991

4. FEI Number 77-0177255  
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

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 25

29 30

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME GILBERTSON, ROBERT G  
STREET ADDRESS 350 NORTH BERNARDO AVENUE  
CITY-ST-ZIP MOUNTAIN VIEW CA 94043-5207 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V  
NAME MORIN, RUDOLPH G  
STREET ADDRESS 350 NORTH BERNARDO AVENUE  
CITY-ST-ZIP MOUNTAIN VIEW CA 94043-5207 ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V  
NAME KLEIN, DOUGLAS H  
STREET ADDRESS 350 NORTH BERNARDO AVENUE  
CITY-ST-ZIP MOUNTAIN VIEW CA 94043-5207 ☐ DELETE

3.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE V  
NAME HARITON, LORRAINE J  
STREET ADDRESS 350 NORTH BERNARDO AVENUE  
CITY-ST-ZIP MOUNTAIN VIEW CA 94043-5207 ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE V  
NAME DYE, CECIL M  
STREET ADDRESS 350 NORTH BERNARDO AVENUE  
CITY-ST-ZIP MOUNTAIN VIEW CA 94043-5207 ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE S  
NAME RAMIREZ, JOSEPH L  
STREET ADDRESS 350 NORTH BERNARDO AVENUE  
CITY-ST-ZIP MOUNTAIN VIEW CA 94043-5207 ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)