

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Sep 11 1997 8:00am
 Secretary of State

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P93000069989 (0)
 1. Corporation Name
EIDOS, INC.



| | |
|--|--|
| Principal Place of Business 615 DELAWARE AVE. BUFFALO NY 14202 | Mailing Address 615 DELAWARE AVE. BUFFALO NY 14202 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|---|--|
| 3. Date Incorporated or Qualified 10/04/1993 | | 3a. Date of Last Report 03/13/1996 | |
| 2. Principal Place of Business 21 148 West State Street Suite, Apt. #, etc. | | 2a. Mailing Address 26 148 West State Street Suite, Apt. #, etc. | |
| 22 | | 27 | |
| 23 City & State Kennett Square, PA | | 28 City & State Kennett Square, PA | |
| 24 Zip 19348 | | 29 Zip 19348 | |
| 25 Country | | 30 Country | |
| 4. FEI Number 16-1447586 | | Applied For Not Applied | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | CB | <input checked="" type="checkbox"/> DELETE |
| NAME | HAMISTER, MARK E | |
| STREET ADDRESS | 651 DELAWARE AVE. | |
| CITY-ST-ZIP | BUFFALO NY 14202 | |
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | TURESKY, ACK A | |
| STREET ADDRESS | 651 DELAWARE AVE. | |
| CITY-ST-ZIP | BUFFALO NY 14202 | |
| TITLE | SVP | <input checked="" type="checkbox"/> DELETE |
| NAME | TABER, DAVID R | |
| STREET ADDRESS | 651 DELAWARE AVE. | |
| CITY-ST-ZIP | BUFFALO NY 14202 | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | HART, GEORGE E | |
| STREET ADDRESS | 651 DELAWARE AVE. | |
| CITY-ST-ZIP | BUFFALO NY 14202 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------------|--|
| 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Michael R. Walker | |
| 1.3 STREET ADDRESS | 148 West State Street | |
| 1.4 CITY-ST-ZIP | Kennett Square, PA 19348 | |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Richard R. Howard | |
| 2.3 STREET ADDRESS | 148 West State Street | |
| 2.4 CITY-ST-ZIP | Kennett Square, PA 19348 | |
| 3.1 TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | George V. Hager, Jr. | |
| 3.3 STREET ADDRESS | 148 West State Street | |
| 3.4 CITY-ST-ZIP | Kennett Square, PA 19348 | |
| 4.1 TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | James V. McKeon | |
| 4.3 STREET ADDRESS | 148 West State Street | |
| 4.4 CITY-ST-ZIP | Kennett Square, PA 19348 | |
| 5.1 TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Dra C. Gubernick | |
| 5.3 STREET ADDRESS | 148 West State Street | |
| 5.4 CITY-ST-ZIP | Kennett Square, PA 19348 | |
| 6.1 TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Kenneth R. Kuhnle | |
| 6.3 STREET ADDRESS | 148 West State Street | |
| 6.4 CITY-ST-ZIP | Kennett Square, PA 19348 | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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: *[Signature]* _____ DATE: **11/04/97**

CR2E034 (4/97)