

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

**FILED**  
**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90043 008 \*\*\*158.75

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P93000069989**

1. Corporation Name  
**EIDOS, INC.**



Principal Place of Business      Mailing Address  
**148 W STATE ST**      **148 W STATE ST**  
**KENNETT SQUARE PA 19348**      **KENNETT SQUARE PA 19348**  
**US**      **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/04/1993**

4. FEI Number      Applied For  
**16-1447586**      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 the current year Intangible Personal Property Tax.       Yes       No

2. Principal Place of Business      2a. Mailing Address

21 **101 East State Street**      26 **101 East State Street**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

23 **Kennett Square, PA**      28 **Kennett Square, PA**  
 City & State      City & State

24 **19348**      25 **USA**      29 **19348**      30 **USA**  
 Zip      Country      Zip      Country

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALKER, MICHAEL R</b>	1.2 NAME	
STREET ADDRESS	<b>148 W STATE ST</b>	1.3 STREET ADDRESS	<b>101 East State Street</b>
CITY-ST-ZIP	<b>KENNETT SQUARE PA</b>	1.4 CITY-ST-ZIP	<b>Kennett Square, PA 19348</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWARD, RICHARD R</b>	2.2 NAME	
STREET ADDRESS	<b>148 W STATE ST</b>	2.3 STREET ADDRESS	<b>101 East State Street</b>
CITY-ST-ZIP	<b>KENNETT SQUARE PA</b>	2.4 CITY-ST-ZIP	<b>Kennett Square, PA 19348</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAGER, GEORGE V JR</b>	3.2 NAME	
STREET ADDRESS	<b>148 W STATE ST</b>	3.3 STREET ADDRESS	<b>101 East State Street</b>
CITY-ST-ZIP	<b>KENNETT SQUARE PA</b>	3.4 CITY-ST-ZIP	<b>Kennett Square, PA 19348</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKEON, JAMES V</b>	4.2 NAME	
STREET ADDRESS	<b>148 W STATE ST</b>	4.3 STREET ADDRESS	<b>101 East State Street</b>
CITY-ST-ZIP	<b>KENNETT SQUARE PA</b>	4.4 CITY-ST-ZIP	<b>Kennett Square, PA 19348</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUBERNICK, IRA C</b>	5.2 NAME	
STREET ADDRESS	<b>148 W STATE ST</b>	5.3 STREET ADDRESS	<b>101 East State Street</b>
CITY-ST-ZIP	<b>KENNETT SQUARE PA</b>	5.4 CITY-ST-ZIP	<b>Kennett Square, PA 19348</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KUHNLE, KENNETH R.</b>	6.2 NAME	<b>Treasurer</b>
STREET ADDRESS	<b>148 W STATE ST</b>	6.3 STREET ADDRESS	<b>Barbara J. Hauswald</b>
CITY-ST-ZIP	<b>KENNETT SQUARE PA</b>	6.4 CITY-ST-ZIP	<b>101 East State Street</b> <b>Kennett Square, PA 19348</b>

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, with all other like empowered.

SIGNATURE: *J. McKee*      **3/16/99**      **410-444-6350**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (11/98)