

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90190 020 ***158.75

DOCUMENT # P93000069989

1. Entity Name
EIDOS, INC.

Principal Place of Business 101 EAST STATE STREET KENNETT SQUARE PA 19348 US	Mailing Address 101 EAST STATE STREET KENNETT SQUARE PA 19348-3109 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 16-1447586		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				7. Name and Address of New Registered Agent			
Name							
Street Address (P.O. Box Number is Not Acceptable)							
City				FL		Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME WALKER, MICHAEL R	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS 101 EAST STATE STREET	CITY-ST-ZIP KENNETT SQUARE PA 19348		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME HOWARD, RICHARD R	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS 101 EAST STATE STREET	CITY-ST-ZIP KENNETT SQUARE PA 19348		STREET ADDRESS	CITY-ST-ZIP	
TITLE VP	NAME HAGER, GEORGE V JR	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS 101 EAST STATE STREET	CITY-ST-ZIP KENNETT SQUARE PA 19348		STREET ADDRESS	CITY-ST-ZIP	
TITLE VP	NAME MCKEON, JAMES V	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS 101 EAST STATE STREET	CITY-ST-ZIP KENNETT SQUARE PA 19348		STREET ADDRESS	CITY-ST-ZIP	
TITLE S	NAME GUBERNICK, IRA C	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS 101 EAST STATE STREET	CITY-ST-ZIP KENNETT SQUARE PA 19348		STREET ADDRESS	CITY-ST-ZIP	
TITLE T	NAME HAUSWALD, BARBARA J	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	
STREET ADDRESS 101 EAST STATE STREET	CITY-ST-ZIP KENNETT SQUARE PA 19348		STREET ADDRESS	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James V. McKeon 2/15/00 (610) 444-6350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)