FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 10: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
QD

DOCUMENT # **S65209** **(6)**

1. Corporation Name
MEGSIS, INC.

Principal Place of Business
% LYNNE WILSON POWELL
3643 A1A SOUTH
ST. AUGUSTINE FL 32084

Mailing Address
% LYNNE WILSON POWELL
3643 A1A SOUTH
ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1991
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business
21 800 Zeagler Drive
Suite, Apt. #, etc.
22 Suite 510
City & State
23 Palatka, FL
Zip 24 32177 Country 25 USA

2a. Mailing Address
26 2200 Powell Street
Suite, Apt. #, etc.
27 Suite 800
City & State
28 Emeryville, CA
Zip 29 94608 Country 30 USA

4. FEI Number: 59-3072103 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
POWELL, LYNNE WILSON
5566 PELICAN WAY
ST. AUGUSTINE FL

10. Name and Address of New Registered Agent
81 Name: The Prentice-Hall Corporation System, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
83 Suite 105
84 City: Tallahassee FL 85 Zip Code: 32301

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: X Vicki Schwetlen — 4/21/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	POWELL, LYNNE WILSON	12 NAME	Glasser, Harvey	
STREET ADDRESS	5566 PELICAN WAY	13 STREET ADDRESS	2200 Powell Street, Suite 800	
CITY ST ZIP	ST. AUGUSTINE FL	14 CITY ST ZIP	Emeryville, CA 94608	
TITLE	STD	21 TITLE	VSD	☒ Change ☐ Addition
NAME	NORTON, ELIZABETH	22 NAME	Haas, Jim	
STREET ADDRESS	5436 A1A SOUTH	23 STREET ADDRESS	2200 Powell Street, Suite 800	
CITY ST ZIP	ST. AUGUSTINE FL	24 CITY ST ZIP	Emeryville, CA 94608	
TITLE		31 TITLE	TSD	☐ Change ☒ Addition
NAME		32 NAME	Murphy, Jim	
STREET ADDRESS		33 STREET ADDRESS	2200 Powell Street, Suite 800	
CITY ST ZIP		34 CITY ST ZIP	Emeryville, CA 94608	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS	TLS. 4/24/95	
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME	100001465181	
STREET ADDRESS		53 STREET ADDRESS	-04/26/95--01053--015	
CITY ST ZIP		54 CITY ST ZIP	****200.00 ****200.00	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(k), 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: X Dr. Harvey Glasser — 4/20/95 — 510-420-0900
SIGNATURE AND OFFICER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400100 FP