

State __ _ alifornia March Fong Eu

Secretary of State

P.O. 8ox 2830 Socramento, CA 95812 Phone: (916) 445-2020

DOMESTIC STOCK CORPORATION

(THIS STATEMENT MUST BE FILED WITH CALIFORNIA SECRETARY OF STATE (SEC. 1502, CORPORATIONS CODE)

A \$5 FILING FEE MUST ACCOMPANY THIS STATEMENT.

WHEN COMPLETING FORM, PLEASE USE BLACK TYPEWRITER RIBBON OR BLACK INK

IMPORTANT - Please Read Instructions On Back Of Form

1. DUE DATE JUNE 9, 1987 SAKTI CORPORATION

Ac 1195976

FILED

73315

SEP 1 7 1987

Minun FONG EU. Secretary of State

DO NOT ALTER PREPRINTED NAME. IF ITEM NO. 1 IS BLANK, PLEASE ENTER CORPORATE NAME				DO NOT WRITE IN THIS SPACE	
THE CALIFORN	NIA CORPORATION NAM	IED HEREIN, A	MAKES THE FOLL	OWING STATEMENT	
2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE		ROOM NO.	2A. CITY & STATE		2B. 219 CODE
43 Presidio Avenue		<u> </u>	San Francisco, CA		94115
3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA (IF ANY)		ROOM NO.	SA. city		38. zip cope
4. MAILING ADDRESS		ROOM NO.	4A. CITY & STATE		48. ZIP CODE
43 Presidio Avenue			San Francisco, CA		94115
NAMES OF THE FOLL	OWING OFFICERS ARE:				
S. CHIEF EXECUTIVE OFFICER	SA. BUSINESS OF RE	SIDENCE ADDRESS	SB. cmy & st	ATE	SC. ZIP COD
Mahmud Taib	43 Presidio	43 Presidio Avenue		San Francisco, CA	
S. SECRETARY		6A. BUSINESS OF RESIDENCE ADDRESS		6B. CITY & STATE	
Mahmud Taib	43 Presidio	43 Presidio Avenue		ncisco, CA	94115
7. CHIEF FINANCIAL OFFICER	7A. BUSINESS OF RE	7A. BUSINESS OF RESIDENCE ADDRESS		ATE	7C. ZIP COI
Mahmud Taib	43 Presidio	Avenue	San Fra	ncisco, CA	94115
NCUMBENT DIRECTORS, INCL	UDING DIRECTORS WHO	ARE ALSO OFF	ICERS (Attach supp	lemental list if necessa	ry)
3. NAME	BA. BUSINESS OF RE	SIDENCE ADDRESS	8B. cmy a st	ATE	BC. zip coi
Onn Mahmud	43 Presidio	Avenue	San Fra	ancisco, CA	94115
. NAME	9A. BUSINESS OR RE	SIDENCE ADDRESS	9B. city & st	ATE	9C. zip co
Arip Mahmud	43 Presidio	Avenue	San Fra	ancisco, CA	94115
D. NAME	10A. BUSINESS OR RE	SIDENCE ADDRESS	10B. cmy e s	TATE	10C. zip co
Taib Mahmud	43 Presidio			ancisco. CA	94115
1. THE NUMBER OF VACANO	IES ON THE BOARD OF E	DIRECTORS, IF A	NY:0		
DESIGNATED AGENT FOR S	SERVICE OF PROCESS	(Only o	ne agent may be n	amed)	
12 NAME C T COPPORA	tion System				
3. CALIFORNIA BUSINESS OR RESIDE		DIVIDUAL IDO NOT	USE P.O. BOX DO NOT II	NCLUDE ADDRESS IF AGENT	IS A CORPORATIO
4. PRINCIPAL BUSINESS ACTIVITY OF	THE CORPORATION:	· · · · · · · · · · · · · · · · · · ·			·
Real Estate					
S. I DECLARE THAT I HAVE EXAMINED		BEST OF MY KNOW	EDGE AND BELIEF. IT IS	TRUE, CORRECT AND COMP	LETE.
W. 1_ J	1	S		Pentonho	_ 10# 192:
SIGNATURE OF OFFICER	OR AGENT	Pres	ident me	DA	101/198
DECLARE THERE HAS BEEN NO SECRETARY OF STATE'S OFFICE.		S BEFORE CON	E LAST STATEMENT OF	THE CORPORATION WHICH	
CHECK HERE) SIGNATUR	É OF OFFICER OR AGENT		TITLE	OA	TE
200/PEV 2.44)					<u></u>