

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 701003

FILED
Apr 24, 2003
Secretary of State

Entity Name: TALL TIMBERS RESEARCH, INC.

Current Principal Place of Business:

13093 HENRY BEADEL DR
TALLAHASSEE, FL 32312

New Principal Place of Business:

13093 HENRY BEADEL DR
TALLAHASSEE, FL 32312 US

Current Mailing Address:

13093 HENRY BEADEL DR
TALLAHASSEE, FL 32312

New Mailing Address:

13093 HENRY BEADEL DR
TALLAHASSEE, FL 32312 US

FEI Number: 59-0952956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, LANE, EXECUTIVE DIRECTOR
13093 HENRY BEADEL DR.
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: IRELAND, KATE,
Address: 13656 TENACITY LANE
City-St-Zip: TALLAHASSEE, FL 323129712

Title: TD () Delete
Name: LANGFORD, LAWTON
Address: P.O. BOX 2235
City-St-Zip: TALLAHASSEE, FL 323042235

Title: SD () Delete
Name: WOOD, C. MARTIN MRS III
Address: 676 LIVEOAK LANE
City-St-Zip: MONTICELLO, FL 32344

Title: VCD () Delete
Name: SEDGWICK, WALTER C.,
Address: 20 OLD LA HONDA ROAD
City-St-Zip: WOODSIDE, CA 94062

Title: AS () Delete
Name: WEBSTER, JR., ROBERT C MRS.
Address: 585 IAMONIA FARMS ROAD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BARRON, THOMAS
Address: P. O. BOX 900
City-St-Zip: TALLAHASSEE, FL 32302 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A. BARRON

TD

04/24/2003

Electronic Signature of Signing Officer or Director

Date