


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

FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F95000005899 (8) 1. Corporation Name MISSION RESEARCH CORPORATION					
Principal Place of Business 147 JOHN SIMS PKWY VALPARAISO FL 32580			Mailing Address 147 JOHN SIMS PKWY VALPARAISO FL 32580		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/05/1995		3a. Date of Last Report 03/13/1996	
4. FEI Number 95-2659854		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			
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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, type 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	CD	<input type="checkbox"/> DELETE		1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SOWLE, DAVID H			1.2 NAME	GOPLEN, BRUCE		
STREET ADDRESS	2020 LAS CANOAS			1.3 STREET ADDRESS	18414 CEDAR DRIVE		
CITY-ST-ZIP	SANTA BARBARA CA			1.4 CITY-ST-ZIP	TRIANGLE, VA 22172		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GUTSCHE, STEVEN L			2.2 NAME	PUSKAR, ROBERT		
STREET ADDRESS	4855 VIA BENDITA			2.3 STREET ADDRESS	3695 HARMELING DRIVE		
CITY-ST-ZIP	SANTA BARBARA CA			2.4 CITY-ST-ZIP	DAYTON, OH 45440		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LUBELL, JERRY			3.2 NAME	KNEPP, DENNIS		
STREET ADDRESS	1975 OAK HILLS DRIVE			3.3 STREET ADDRESS	2 WHITE TAIL LANE		
CITY-ST-ZIP	COLORADO SPRINGS CO			3.4 CITY-ST-ZIP	MONTEREY, CA 93940		
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BIGONI, ROBERT A			4.2 NAME	OLD, THOMAS		
STREET ADDRESS	149 VEREDA LEYENDA			4.3 STREET ADDRESS	555 PASO ROBLES DRIVE		
CITY-ST-ZIP	GOLETA CA			4.4 CITY-ST-ZIP	SANTA BARBARA, CA 93108		
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIES, SCOT			5.2 NAME			
STREET ADDRESS	5227 CALLE CRISTOBOL			5.3 STREET ADDRESS			
CITY-ST-ZIP	SANTA BARBARA CA			5.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LISHMAN, JOHN B			6.2 NAME			
STREET ADDRESS	111 ALPINE DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	GOLETA CA			6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: JOHN B. LISHMAN, CFO John B. Lishman 1/13/97 (805) 963 8761
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)