

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90034 028 \*\*\*150.00

**DOCUMENT #** G32282  
**1. Entity Name**  
 SHALIMAR RESEARCH & TECHNOLOGY, INC.

**DO NOT WRITE IN THIS SPACE**

**B0058673**

<b>2. Principal Place of Business</b> 144 Winding Waters Way Suite, Apt. #, etc.	<b>3. Mailing Address</b> P. O. Box 577 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Niceville, FL	City & State Valparaiso, FL	<b>4. FEI Number</b> 59-2300460	Applied For <input type="checkbox"/> Not Applicable
Zip 32578	Country USA	Zip 32580-0577	Country USA
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Daniel A. Matuska

Street Address (P.O. Box Number is Not Acceptable)  
144 Winding Waters Way

City  
Niceville

FL Zip Code  
32578

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

<b>9.</b> This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10.</b> Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Matuska, Daniel A. 144 Winding Waters Way Niceville, FL 32578	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Matuska, Susan B. 144 Winding Waters Way Niceville, FL 32578	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

**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 on an attachment with an address, with all other like empowerments.

**SIGNATURE:** Susan B. Matuska, Treasurer 3/27/2002 850-678-1981  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #