

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90097 047 *****70.00

DOCUMENT # P27378

1. Entity Name

LASER INSTITUTE OF AMERICA, INC.

Principal Place of Business

Mailing Address

**13501 INGENUITY DR
 SUITE 128
 ORLANDO FL 32826
 US**

**13501 INGENUITY DR
 SUITE 128
 ORLANDO FL 32826
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-2535904

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAKER, PETER M.
 740 RIVERBOAT CIRCLE
 ORLANDO FL 32828**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **WILLIAM, LAWSON E**
 STREET ADDRESS **500 LASER DRIVE**
 CITY-ST-ZIP **SOMERSET WI 54025**

TITLE Change Addition
 NAME **CLARK, WILLIAM**
 STREET ADDRESS **7300 WEST HURON RIVER DRIVE**
 CITY-ST-ZIP **DEXTER MI 48130**

TITLE Delete
 NAME **PD MARSHALL, DANA**
 STREET ADDRESS **20 POINT WEST BLVD**
 CITY-ST-ZIP **SAINT CHARLES MO 63301**

TITLE Change Addition
 NAME **P BEYER, ECKHARD**
 STREET ADDRESS **WINTERBERGSTR. 28**
 CITY-ST-ZIP **01277 DRESDEN GERMANY**

TITLE Delete
 NAME **D BAKER, PETER M**
 STREET ADDRESS **740 RIVERBOAT CIRCLE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD METZBOWER, EDWARD**
 STREET ADDRESS **NAVAL RESEARCH LAB CODE 6324**
 CITY-ST-ZIP **WASHINGTON DC 20375**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peter Baker **PETER BAKER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/2002

Date

407/380-1553

Daytime Phone #

CR2E037 (9/01)