

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

DOCUMENT # F95 00000 5899

1. Entity Name

MISSION RESEARCH CORPORATION



FILED

03 DEC 18 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
735 STATE STREET

3. Mailing Address
P.O. DRAWER 719

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
SANTA BARBARA, CA

City & State
SANTA BARBARA, CA

4. FEI Number 95-2659854

Applied For
Not Applicable

Zip 93101 Country USA

Zip 93102-0719 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name THE PRENTICE-HALL CORPORATION SYSTEM, INC.

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

1201 HAYS STREET,

City TALLAHASSEE

FL

Zip Code 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Brian Courtney
Asst. V. Pres.**

Signature, typed or printed name of registered agent and title (if not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12/18/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP
NAME SOWLE, DAVID H.
STREET ADDRESS 2020 LAS CANOAS
CITY-ST-ZIP SANTA BARBARA, CA 93103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600024383196
11/03/03--01077--013 **750.00

TITLE PD
NAME GUTSCHE, STEVEN L.
STREET ADDRESS 4655 VIA BENDITA
CITY-ST-ZIP SANTA BARBARA, CA 93110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600024383196
12/26/03--01057--019 **8.75

TITLE S
NAME FRIES, SCOT
STREET ADDRESS 1034 SANDPIPER LANE
CITY-ST-ZIP SANTA BARBARA, CA 93111

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DO NOT WRITE
IN THIS SPACE**

TITLE T
NAME GORSKI, ROBERT M.
STREET ADDRESS 3749 #1 GREGGORY WAY
CITY-ST-ZIP SANTA BARBARA, CA 93105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DO NOT WRITE
IN THIS SPACE**

TITLE D
NAME BONSIGNORE, MICHAEL R.
STREET ADDRESS 1260 EAST MOUNTAIN DRIVE
CITY-ST-ZIP SANTA BARBARA, CA 93103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE D
NAME GLUCK, FREDERICK W.
STREET ADDRESS 743 SAN YSIDRO LANE
CITY-ST-ZIP SANTA BARBARA, CA 93108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT M. GORSKI

Date

Daytime Phone #

CR2E034B (12/02)