

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90330 001 ***558.75

0670200 AB

DOCUMENT # P27609

1. Entity Name
GEOTRANS, INC.



Principal Place of Business
**670 NORTH ROSEMEAD BLVD.
ATTN: KELLY MCMILLIN
PASADENA CA 91107
US**

Mailing Address
**670 NORTH ROSEMEAD BLVD.
ATTN: KELLY MCMILLIN
PASADENA CA 91107
US**

10110000



2. Principal Place of Business

3. Mailing Address

3475 E. Foothill Blvd.
Suite, Apt. #, etc.

3475 E. Foothill Blvd.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Pasadena CA

City & State

Pasadena CA

4. FEI Number

54-1120716

Applied For

Not Applicable

Zip

Country

91107 U.S.

Zip

Country

91107 U.S.

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVSD
MERCER, JAMES W
11373 SENECA KNOLL DR.
GREAT FALLS VA 22066** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**46050 Manekin Plaza #100
Sterling, VA 20166** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
GUSWA, JOHN H
8 OLD MEADOW LANE
HARVARD MA 01451** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**6 Lancaster Country Rd. #4
Harvard, MA 01451** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
FAUST, CHARLES R.
219 BRECKENRIDGE DR
WINCHESTER VA 22061** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**46050 Manekin Plaza #100
Sterling, VA 20166** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAS
LEMMON, RICHARD A
670 N ROSEMEAD
PASADENA CA 91107** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3475 E. Foothill Blvd.
Pasadena, CA 91107** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HWANG, LI-SAN
630 NORTH ROSEMEAD BLVD.
PASADENA CA** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3475 E. Foothill Blvd.
Pasadena, CA 91107** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ALBER, MICHELLE
46050 MANEKIN PLAZA
STERLING VA 20166** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**46050 Manekin Plaza #100
Sterling, VA 20166** ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Richard A. Lemmon 7-8-03

351-4664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)