

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 394051

**FILED  
Apr 17, 2017  
Secretary of State  
CC3228894410**

**Entity Name:** LOWRY RESEARCH CORPORATION

**Current Principal Place of Business:**

11300 U.S. HIGHWAY ONE  
SUITE 400  
PALM BEACH GARDENS, FL 33408

**Current Mailing Address:**

11300 U.S. HIGHWAY ONE  
SUITE 400  
PALM BEACH GARDENS, FL 33408

**FEI Number:** 59-1377882

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DESMOND,PAUL F.  
11300 U.S. HIGHWAY ONE  
SUITE 400  
PALM BEACH GARDENS, FL 33408 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PT  
Name DESMOND, PAUL F  
Address 11300 U.S. HIGHWAY ONE STE 400  
City-State-Zip: PALM BEACH GARDENS FL 33408

Title S  
Name DESMOND, MARY LOU  
Address 11300 U.S. HIGHWAY ONE STE 400  
City-State-Zip: PALM BEACH GARDENS FL 33408

Title CFO  
Name LEFEVRE, JOFFRE CHARLES  
Address 11300 U.S. HIGHWAY ONE  
SUITE 400  
City-State-Zip: PALM BEACH GARDENS FL 33408

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAUL F. DESMOND

**PRESIDENT**

**04/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date