

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713693

FILED
Jan 04, 2008
Secretary of State

Entity Name: MOTE MARINE LABORATORY, INC.

Current Principal Place of Business:

1600 KEN THOMPSON PARKWAY
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1600 KEN THOMPSON PARKWAY
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 59-0756643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, DENA J
1600 KEN THOMPSON PARKWAY
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: SMITH, DENA J
Address: 1600 KEN THOMPSON PARKWAY
City-St-Zip: SARASOTA, FL 34236

Title: TREA () Delete
Name: CROWELL, HOWARD G
Address: 1600 KEN THOMPSON PARKWAY
City-St-Zip: SARASOTA, FL 34236

Title: VC () Delete
Name: MORRIS, RON
Address: 1600 KEN THOMPSON PARKWAY
City-St-Zip: SARASOTA, FL 34236

Title: C () Delete
Name: GRAHAM, JUDY
Address: 1600 KEN THOMPSON PARKWAY
City-St-Zip: SARASOTA, FL 34236

Title: P () Delete
Name: MAHADEVAN, S.,
Address: 1600 THOMPSON PARKWAY
City-St-Zip: SARASOTA, FL

Title: SEC () Delete
Name: GILMORE, SUSAN C
Address: 1600 KEN THOMPSON PARKWAY
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENA SMITH

AS

01/04/2008

Electronic Signature of Signing Officer or Director

Date