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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **756198** (8)

1. Corporation Name

TAMPA BAY RESEARCH INSTITUTE, INC.



Principal Place of Business	Mailing Address
10900 ROOSEVELT BLVD ST PETERSBURG FL 33716	10900 ROOSEVELT BLVD ST PETERSBURG FL 33716-2308

3. Date Incorporated or Qualified 02/04/1981	3a. Date of Last Report 05/20/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2076218	Applied For ☐ Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAU, RAYMOND Y. P 10900 ROOSEVELT BLVD. ST PETERSBURG FL 33716	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	OKINAGA, SHOICHI	1.2 NAME	
STREET ADDRESS	11-1 KAGA 2 CHROME	1.3 STREET ADDRESS	
CITY-ST-ZIP	ITABAHKU, TOKYO, JAP	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROIZMAN, BERNARD	2.2 NAME	
STREET ADDRESS	UNIV OF CHICAGO	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BIERLEY, JOHN C	3.2 NAME	
STREET ADDRESS	2300 FIRST FLOOR TOWER, 111 MADISON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	3.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	TANAKA, AKIO	4.2 NAME	
STREET ADDRESS	14827 FEATHER COVE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	VSTD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RAYMOND Y. LAU	5.2 NAME	
STREET ADDRESS	14046 JENNIFER TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HINES, ANDREW H JR.	6.2 NAME	
STREET ADDRESS	TRIANGLE CONSULTING 150 SECOND AVE. N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raymond Y. Lau, Ph.D. Date: 4/15/97 (813) 576-6675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0051233

CR2E037 (9/96)

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