

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90142 007 \*\*\*150.00

0554/758

DOCUMENT # 854276

1. Corporation Name

FORSEON CORPORATION

Principal Place of Business

6600 JURUPA AVENUE  
RIVERSIDE CA 92504-1041

Mailing Address

6600 JURUPA AVENUE  
RIVERSIDE CA 92504-1041

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1982

4. FEI Number

95-3623992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME DELMONICO, LOUIS  
STREET ADDRESS 6600 JURUPA AVE  
CITY-ST-ZIP RIVERSIDE CA 92504

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME DAN D PAUL  
1.3 STREET ADDRESS 6600 JURUPA AVE.  
1.4 CITY-ST-ZIP RIVERSIDE CA 92504

TITLE TVS ☐ DELETE

NAME MERRILL, ALLEN E.  
STREET ADDRESS 6600 JURUPA AVE.  
CITY-ST-ZIP RIVERSIDE CA

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME ROBERTIGROTTKE  
2.3 STREET ADDRESS 6600 JURUPA AVE.  
2.4 CITY-ST-ZIP RIVERSIDE CA 92504

TITLE D ☐ DELETE

NAME SMITH, H JOE  
STREET ADDRESS 6600 JURUPA AVE  
CITY-ST-ZIP RIVERSIDE CA

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME RUSSELL OLIVER  
3.3 STREET ADDRESS 6600 JURUPA AVE.  
3.4 CITY-ST-ZIP RIVERSIDE CA 92504

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99 909-688-4301

CR2E034 (1/98)