2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# 855244

Entity Name: MONTCO RESEARCH PRODUCTS INCORPORATED

Current Principal Place of Business:

END OF JANICE
P O BOX 235
HOLLISTER, FL 32147 US

New Principal Place of Business:

Current Mailing Address:

END OF JANICE
P O BOX 235
HOLLISTER, FL 32147 US

New Mailing Address:

FEI Number: 23-1664592 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIVILLE, MAURICE E
JANICE DRIVE
HOLLISTER, FL 32047

Name and Address of New Registered Agent:

MIVILLE, MAURICE E
JANICE DRIVE
HOLLISTER, FL 32147

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: 04/13/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: MIVILLE, MAURICE E,
Address: JANICE DR
City-St-Zip: HOLLISTER, FL

Title: D ( ) Delete
Name: MIVILLE, MAURICE E,
Address: JANICE DR
City-St-Zip: HOLLISTER, FL

Title: VD ( ) Delete
Name: MIVILLE, MIKYKO,
Address: JANICE DR.
City-St-Zip: HOLLISTER, FL

Title: VD ( ) Delete
Name: SUNOO, HAN Y
Address: 3764 S.W. 56TH ROAD
City-St-Zip: GAINESVILLE, FL

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MAURICE E. MIVILLE PRES 04/13/2004
Electronic Signature of Signing Officer or Director — Date