

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F00000001360



FILED

03 JAN 17 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Entity Name  
CAYENTA, INC.

Principal Place of Business  
5910 PACIFIC CENTER BLVD  
SAN DIEGO CA 92121

Mailing Address  
3033 SCIENCE PARK RD.  
SAN DIEGO CA 92121

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 33-0884182

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lynette Coleman*

Lynette Coleman  
as its agent

1/17/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	RAY, GENE W	
STREET ADDRESS	3033 SCIENCE PARK RD.	
CITY-ST-ZIP	SAN DIEGO CA 92121	
TITLE	SVPC	<input checked="" type="checkbox"/> Delete
NAME	DUVALL, THOMAS	
STREET ADDRESS	225 BROADWAY STE 1500	
CITY-ST-ZIP	SAN DIEGO CA 92101	
TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	PORRECA, DAVID P	
STREET ADDRESS	5910 PACIFIC CENTER BLVD.	
CITY-ST-ZIP	SAN DIEGO CA 92101	
TITLE	SVPC	<input checked="" type="checkbox"/> Delete
NAME	SMITH, CURTIS R	
STREET ADDRESS	5910 PACIFIC CENTER BLVD.	
CITY-ST-ZIP	SAN DIEGO CA 92101	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARR, CHERYL L	
STREET ADDRESS	3033 SCIENCE PARK RD.	
CITY-ST-ZIP	SAN DIEGO CA 92121	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CHAIRMAN AND DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director: Trea	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric M. DeMarco	
STREET ADDRESS	3033 Science Park Road	
CITY-ST-ZIP	San Diego, CA 92121	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert E. LaBlanc	
STREET ADDRESS	3033 Science Park Road	
CITY-ST-ZIP	San Diego, Ca 92121	
TITLE	Assistant Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ray H. Guillaume	
STREET ADDRESS	3033 Science Park Road	
CITY-ST-ZIP	San Diego, Ca 92121	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deanna Hom	
STREET ADDRESS	3033 Science Park Road	
CITY-ST-ZIP	San Diego, Ca 92121	

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cheryl Barr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03

858-552-9500

Date

Daytime Phone #

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

2012

ACCOUNT NO. : 072100000032

REFERENCE : 896551 4388080

AUTHORIZATION :

COST LIMIT : \$ 150.00

*Patricia Pizot*

ORDER DATE : January 17, 2003

ORDER TIME : 11:33 AM

ORDER NO. : 896551-030

CUSTOMER NO: 4388080

CUSTOMER: Mr. Michael Kirker  
The Titan Corporation  
3033 Science Park Rd.

San Diego, CA 92121

RECEIVED  
03 JAN 17 PM 2:36  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: CAYENTA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
              CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore - Ext. 1147

EXAMINER'S INITIALS:

*[Handwritten signature]*