

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90041 007 ***150.00

DOCUMENT # F01000005207

1. Entity Name
SCIENCES INTERNATIONAL, INC.



Principal Place of Business
**3475 E. FOOTHILL BLVD.
PASADENA, CA 91107**

Mailing Address
**3475 E. FOOTHILL BLVD.
PASADENA, CA 91107**

44014394



02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2343764

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **ANDERSON, ELIZABETH L PH.D.**
STREET ADDRESS **1800 DIAGONAL ROAD, SUITE 500**
CITY-ST-ZIP **ALEXANDRIA, VA 22314**

TITLE **VS**
NAME **LEMMON, RICHARD A**
STREET ADDRESS **3475 E. FOOTHILL BLVD.**
CITY-ST-ZIP **PASADENA, CA 91107**

TITLE **T**
NAME **KING, DAVID**
STREET ADDRESS **3475 E. FOOTHILL BLVD.**
CITY-ST-ZIP **PASADENA, CA 91107**

TITLE **V**
NAME **TURIM, JAY PH.D.**
STREET ADDRESS **1800 DIAGONAL ROAD, SUITE 500**
CITY-ST-ZIP **ALEXANDRIA, VA 22314**

TITLE **V**
NAME **MADDEN, MARTHA M.A.**
STREET ADDRESS **1800 DIAGONAL ROAD, SUITE 500**
CITY-ST-ZIP **ALEXANDRIA, VA 22314**

TITLE **V**
NAME **GRAY, DAVID PH.D.**
STREET ADDRESS **1800 DIAGONAL ROAD, SUITE 500**
CITY-ST-ZIP **ALEXANDRIA, VA 22314**

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Lemmon

2/19/04

Date

626 470 2478

Daytime Phone #