

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90331 010 \*\*\*558.75

06/20/15 AB

**DOCUMENT # F01000005207**

1. Entity Name

SCIENCES INTERNATIONAL, INC.



Principal Place of Business

ATTN: KELLY MCMILLIN  
670 NORTH ROSEMEAD BLVD.  
PASADENA CA 91107

Mailing Address

ATTN: KELLY MCMILLIN  
670 NORTH ROSEMEAD BLVD.  
PASADENA CA 91107

2. Principal Place of Business

3475 E. Foothill Blvd.

3. Mailing Address

3475 E. Foothill Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pasadena CA

City & State

Pasadena CA

Zip

91107

Country

U.S.

Zip

91107

Country

U.S.

4. FEI Number

52-2343764

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

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

7. Name and Address of New Registered Agent

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	ANDERSON, ELIZABETH L PH.D.	
STREET ADDRESS	1800 DIAGONAL ROAD, SUITE 500	
CITY-ST-ZIP	ALEXANDRIA VA 22314	
TITLE	VS	<input type="checkbox"/> Delete
NAME	LEMMON, RICHARD A	
STREET ADDRESS	670 NORTH ROSEMEAD BLVD.	
CITY-ST-ZIP	PASADENA CA 91107	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	JASKA, JAMES M	
STREET ADDRESS	670 NORTH ROSEMEAD BLVD.	
CITY-ST-ZIP	PASADENA CA 91107	
TITLE	V	<input type="checkbox"/> Delete
NAME	TURIM, JAY PH.D.	
STREET ADDRESS	1800 DIAGONAL ROAD, SUITE 500	
CITY-ST-ZIP	ALEXANDRIA VA 22314	
TITLE	V	<input type="checkbox"/> Delete
NAME	MADDEN, MARTHA M.A.	
STREET ADDRESS	1800 DIAGONAL ROAD, SUITE 500	
CITY-ST-ZIP	ALEXANDRIA VA 22314	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRAY, DAVID PH.D.	
STREET ADDRESS	1800 DIAGONAL ROAD, SUITE 500	
CITY-ST-ZIP	ALEXANDRIA VA 22314	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3475 E. Foothill Blvd.	
STREET ADDRESS	Pasadena, CA 91107	
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David W. King	
STREET ADDRESS	3475 E. Foothill Blvd.	
CITY-ST-ZIP	Pasadena, CA 91107	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P./

Secretary

Date

7-8-03

Daytime Phone #

626/351-4664

CR2E034 (10/02)