

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90305 044 \*\*\*150.00

**DOCUMENT # F01000005721**



1. Entity Name  
**PLC CROSS COUNTY, INC.**

Principal Place of Business  
**17140 BERNARDO CENTER DRIVE  
SUITE 300  
SAN DIEGO CA 92128**

Mailing Address  
**17140 BERNARDO CENTER DRIVE  
SUITE 300  
SAN DIEGO CA 92128**

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 **NOT APPLICABLE**

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**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

**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	PD	<input type="checkbox"/> Delete
NAME	BULLICK, GRAHAM R PH.D	
STREET ADDRESS	17140 BERNARDO CENTER DRIVE	
CITY-ST-ZIP	SAN DIEGO CA 92128	
TITLE	DT	<input type="checkbox"/> Delete
NAME	NAKAGAWA, JAMES Y	
STREET ADDRESS	17140 BERNARDO CENTER DRIVE	
CITY-ST-ZIP	SAN DIEGO CA 92128	
TITLE	DS	<input type="checkbox"/> Delete
NAME	OTTESEN, S. ERIC	
STREET ADDRESS	17140 BERNARDO CENTER DRIVE	
CITY-ST-ZIP	SAN DIEGO CA 92128	
TITLE	V	<input type="checkbox"/> Delete
NAME	VISCONSI, JOHN	
STREET ADDRESS	17140 BERNARDO CENTER DRIVE	
CITY-ST-ZIP	SAN DIEGO CA 92128	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALT, ERIC	
STREET ADDRESS	17140 BERNARDO CENTER DRIVE	
CITY-ST-ZIP	SAN DIEGO CA 92128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
ST-ZIP		

**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 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	
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.14.03

858-675-9400

CR2E034 (10/02)