2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # F0200005395

1. Entity Name

Principal Place of Business

HAWKWATCH INTERNATIONAL, INC.



03 MAY -5 AM 3:28

SECRETARY OF STATE FALLAHASSEE, FLORIDA



1800 S. WEST TEMPLE, SUITE A-226 SALT LAKE CITY UT 84115-1851		1800 S. West Tem Salt Lake City U		B	To the second se			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		IG CHANGES			
City & State		City & State		4. FEI Number 85-0358519	>	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Re	7. Name and Address of New Registered Agent			
			Name					
LOTT, CASE 115 INDIAN TAVERNIER I	MOUND TRAIL		Street Add	dress (P.O. Box Number is Not Acceptable)				
			City		C-1	Zip Code		

8.	The above named entity submits this statement for the purpose of change	ging its registered office or	registered agent, or both,	in the State of Florida.	I am familiar with, a	ind 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

FII F	NOW-	FFE I	S	\$61.25
	HOTE.	1	J	401.EJ

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be

Make Check Payable to Clasida Danastmant of State

				Plorida Department of State			riale	
10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	P	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	SEBESTA, DAWN PH.D		NAME					
STREET ADDRESS	2466 MEADOWS DRIVE		STREET ADDRESS					
CITY-ST-ZIP	PLANT CITY UT 84060-7032		CITY-ST-ZIP	100	0183174	111		
TITLE	V	☐ Delete	TITLE	05/07/03	01014001	to the ope 5	Addition	
NAME	DEFREITAS, PATRICK MPA		NAME					
STREET ADDRESS	1117 EAST 600 SOUTH		STREET ADDRESS					
CITY-ST-ZIP -	SALT LAKE CITY UT 84102		CITY-ST-ZIP -					
TITLE	\$	☐ Delete	TITLE	-		☐ Change	Addition	
NAME	HIGMAN, GAYLE		NAME					
STREET ADDRESS	P.O. BOX 158		STREET ADDRESS					
CITY-ST-ZIP	OAKLEY UT 84055		CITY-ST-ZIP]	
TITLE	Ţ	☐ Delete	TITLE	-	<u> </u>	☐ Change	Addition	
NAME	PULINS, BENITA CAP MBA		NAME					
STREET ADDRESS	1814 E LINCOLN LANE		STREET ADDRESS				{	
CITY-ST-ZIP	SALT LAKE CITY UT 84124		CITY-ST-ZIP					
TITLE	Ť	☐ Delete	TITLE			☐ Change	Addition	
NAME	Brown, Timothy y Trustee		NAME					
STREET ADDRESS	573 7TH AVENUE		STREET ADDRESS					
CITY-ST-ZIP	SALT LAKE CITY UT 84103		CITY-ST-ZIP					
TITLE	T	☐ Delete	TITLE			☐ Change	Addition	
NAME	BRYNER, YAEKO TRUSTEE		NAME					
STREET ADDRESS	1323 30TH STREET		STREET ADDRESS					
CITY-ST-ZIP	OGDEN UT 84403		CITY-ST-ZIP					

12. Thereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an

SIGNATURE:

801-484-6808