

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # F06000005118

1. Entity Name
OPTICAL RESEARCH ASSOCIATES, INC.



Principal Place of Business
**2130B ARROWHEAD LANE
CHULUOTA, FL 32766**

Mailing Address
**3280 E. FOOTHILL BLVD. SUITE 300
PASADENA, CA 91104**



03122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-3039654

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000387972
04/08/08-80092-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHRM
HARRIS, THOMAS
3280 E FOOTHILL BLVD., SUITE 300
PASADENA, CA 91107**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCHR
HILBERT, ROBERT
3280 E FOOTHILL BLVD., SUITE 300
PASADENA, CA 91107**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BROWN, DAVID
3280 E FOOTHILL BLVD., SUITE 300
PASADENA, CA 91107**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
ATKINSON, GARY
3280 E FOOTHILL BLVD., SUITE 300
PASADENA, CA 91107**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBERTS, KEVIN
3280 E FOOTHILL BLVD., SUITE 300
PASADENA, CA 91107**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TANAKA, RICHARD
3280 E FOOTHILL BLVD., SUITE 300
PASADENA, CA 91107**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3/13/08

Date

626-795-9101

Daytime Phone #

Gary Atkinson, Vice President of Finance and Admin/CF0