

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000746 (8)

1. Corporation Name

GEODYNAMICS CORPORATION



Principal Place of Business

21171 WESTERN AVE
TORRANCE CA 90501

Mailing Address

21171 WESTERN AVE
TORRANCE CA 90501

3. Date Incorporated or Qualified
03/09/1993

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 3701 Skypark Drive

4. FEI Number

95-2502865

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Torrance CA

Zip

Country

Zip

Country

24 90505 30 U S A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TPC
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☒ DELETE
NAME DUNLAP, JOANNE
STREET ADDRESS 21171 WESTERN AVE #120
CITY-ST-ZIP TORRANCE CA

1.1 TITLE CEO/D ☐ Change ☒ Addition
1.2 NAME WOODHULL, JOHN R
1.3 STREET ADDRESS 3701 SKYPARK DR
1.4 CITY-ST-ZIP TORRANCE, CA 90505

TITLE V ☐ DELETE
NAME JACOBSEN, RON
STREET ADDRESS 21171 WESTERN AVE #100
CITY-ST-ZIP TORRANCE CA 90501

2.1 TITLE V/CFD/D ☐ Change ☒ Addition
2.2 NAME WEBSTER, RALPH L.
2.3 STREET ADDRESS 3701 SKYPARK DR
2.4 CITY-ST-ZIP TORRANCE, CA 90505

TITLE V ☐ DELETE
NAME NELSON, DAVID
STREET ADDRESS 21171 WESTERN AVE #100
CITY-ST-ZIP TORRANCE CA 90501

3.1 TITLE V/S/D ☐ Change ☒ Addition
3.2 NAME MITCHELL, E. BENJAMIN JR.
3.3 STREET ADDRESS 3170 SKYPARK DR
3.4 CITY-ST-ZIP TORRANCE, CA 90505

TITLE PDC ☒ DELETE
NAME PAULSON, ROBERT L
STREET ADDRESS 21171 WESTERN AVE #110
CITY-ST-ZIP TORRANCE CA

4.1 TITLE P ☐ Change ☒ Addition
4.2 NAME DALTON, JAMES E.
4.3 STREET ADDRESS 6053 W. CENTURY BLVD.
4.4 CITY-ST-ZIP LOS ANGELES, CA 90045

TITLE VD ☒ DELETE
NAME SMITH, RICHARD P
STREET ADDRESS 5450 TECH CENTER DR #230
CITY-ST-ZIP COLORADO SPRINGS CO

5.1 TITLE V ☐ Change ☒ Addition
5.2 NAME HENRIKSON, PAUL J.
5.3 STREET ADDRESS 21171 WESTERN AVE
5.4 CITY-ST-ZIP TORRANCE, CA 90501

TITLE D ☒ DELETE
NAME ELLIS, W R
STREET ADDRESS 20831 STONEGATE DRIVE
CITY-ST-ZIP SUN CITY WEST AZ 85375

6.1 TITLE V ☐ Change ☒ Addition
6.2 NAME SCHERRER, JACK F.
6.3 STREET ADDRESS 11781 LEE JACKSON MEMORIAL HWY #400
6.4 CITY-ST-ZIP FAIRFAX, VA 22033

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ralph L. Webster

RALPH L. WEBSTER

4/29/96

(310) 373-0220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)