

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90189 003 ***150.00

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1. Entity Name
RESEARCH ANALYSIS AND MAINTENANCE, INC.



Principal Place of Business
**1790 LEE TREVINO, SUITE 600
EL PASO, TX 79936**

Mailing Address
**1790 LEE TREVINO, SUITE 600
EL PASO, TX 79936**

2. Principal Place of Business
**9440 VISCOUNT BLVD
Suite, Apt. #, etc.
SUITE 200**

3. Mailing Address
**9440 VISCOUNT BLVD
Suite, Apt. #, etc.
SUITE 200**

City & State
EL PASO, TX

City & State
EL PASO, TX

Zip Country
79925 USA

Zip Country
79925 USA

04302004 Chg-P CR2E034 (10/03)

4. FEI Number
74-2237532

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KLATT, MICHAEL
4939 ERIN LANE
MELBOURNE, FL 32940**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE CPD
NAME WALDRON, SHARON M ☐ Delete
STREET ADDRESS 1790 LEE TREVINO, SUITE 600
CITY-ST-ZIP EL PASO, TX 79936

TITLE VD
NAME WALDRON, WILSON R ☐ Delete
STREET ADDRESS 1790 LEE TREVINO, SUITE 600
CITY-ST-ZIP EL PASO, TX 79936

TITLE DT
NAME ADESSA, ANTHONY J ☐ Delete
STREET ADDRESS 664 LARKSPUR COURT
CITY-ST-ZIP SAN MARCOS, CA 92069

TITLE SD
NAME WELSH, JOHN JR. ☐ Delete
STREET ADDRESS 6070 GATEWAY E., SUITE 102
CITY-ST-ZIP EL PASO, TX 79936

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPD ☒ Change ☐ Addition
NAME WALDRON, SHARON M
STREET ADDRESS 9440 VISCOUNT BLVD, SUITE 200
CITY-ST-ZIP EL PASO, TX 79925

TITLE VD ☒ Change ☐ Addition
NAME WILSON R WALDRON
STREET ADDRESS 9440 VISCOUNT BLVD, SUITE 200
CITY-ST-ZIP EL PASO, TX 79925

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Sharon M Waldron* **SHARON M WALDRON**

4/30/04

(915) 592-7047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #