

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000004903 (1)**

1. Corporation Name

TECOLOTE RESEARCH, INC.



Principal Place of Business

Mailing Address

% TREASURER/SECRETARY
5290 OVERPASS RD., BLDG. D
SANTA BARBARA CA 93111-3011
US

% TREASURER/SECRETARY
5290 OVERPASS RD., BLDG. D
SANTA BARBARA CA 93111-3011
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name

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

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

10/29/1993

3a. Date of Last Report

03/14/1995

4. FEI Number

95-2834773

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0802 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 607.0805, Florida Statutes.

SIGNATURE

Signature of person or persons designated to receive notices of legal process

Signature of Agent, partner, officer or director

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FREDERIC, BRAD C	
STREET ADDRESS	5290 OVERPASS RD BLDG D	
CITY-ST-ZIP	SANTA BARBARA CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KLUGE, ARTHUR J	
STREET ADDRESS	5290 OVERPASS RD BLDG D	
CITY-ST-ZIP	SANTA BARBARA CA	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	ODELL, LESLIE D	
STREET ADDRESS	5290 OVERPASS RD BLDG D	
CITY-ST-ZIP	SANTA BARBARA CA	
TITLE	CTOD	<input type="checkbox"/> DELETE
NAME	JAGO, WILLIAM H	
STREET ADDRESS	5290 OVERPASS RD BLDG D	
CITY-ST-ZIP	SANTA BARBARA CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TAKAYESU, JAMES Y	
STREET ADDRESS	5290 OVERPASS RD BLDG D	
CITY-ST-ZIP	SANTA BARBARA CA	
TITLE	CO	<input type="checkbox"/> DELETE
NAME	MCKERNAN, KAREN H.	
STREET ADDRESS	5290 OVERPASS RD BLDG D	
CITY-ST-ZIP	SANTA BARBARA CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	President
53 STREET ADDRESS	(same)
54 CITY-ST-ZIP	(same)
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 supplementary 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: *Leslie D. Odell* Leslie D. Odell 3/5/96 805-683-1813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer / Secretary Director

Factor 1000

CR2E034 (12/95)