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**Apr 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004903 (1)
 1. Corporation Name
TECOLOTE RESEARCH, INC.



Principal Place of Business % TREASURER/SECRETARY 5290 OVERPASS RD., BLDG. D SANTA BARBARA CA 93111-3011 US	Mailing Address % TREASURER/SECRETARY 5290 OVERPASS RD., BLDG. D SANTA BARBARA CA 93111-3011 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified 10/29/1993	3a. Date of Last Report 03/13/1996
4. FEI Number 95-2834773	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 re-instating) DATE _____

12. OFFICERS AND DIRECTORS

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	P	<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	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Vice Pres./Div. Opr. Mgr. Blaine Webber
6.3 STREET ADDRESS	3601 Aviation Blvd., Suite 1600
6.4 CITY-ST-ZIP	Manhattan Beach, CA 90266-3719

14. I do 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 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: *Leslie D. Odell* (Leslie D. Odell)

* Please ask for Hannelore G. Nixon
 09 Apr 1997 (805) 683-1813 *

CR2E034 (9/96)