

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**Mar 03 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		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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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

3. Date Incorporated or Qualified 10/29/1993	
4. FEI Number 95-2834773	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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 reinstating) 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	VP <input type="checkbox"/> DELETE
NAME	WEBBER, BLAINE
STREET ADDRESS	3901 AVIATION BLVD STE 1600
CITY-ST-ZIP	MANHATTAN BCH CA

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	President, Director <input checked="" 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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.

Please ask for Hannelore Nixon (905) 692-1010

CR2E034 (10/97)