

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90112 014 \*\*\*150.00

0266115

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # F93000004903**

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
--	--



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>10/29/1993</b>	Applied For
4. FEI Number <b>95-2834773</b>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" 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	PD	<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	3601 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	<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 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, with all other like empowered.

SIGNATURE: *Leslie D. Odell* **REQUIRED!** Odell

12 Jan 1999 (805)683-1813X113

CR2E034 (11/98)