2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1801 E. CABRILLO BLVD.

DOCUMENT # F9400000138

1. Entity Name

Principal Place of Business

1801 E. CABRILLO BLVD.

MERCER GLOBAL ADVISORS, INC.

SANTA BARBARA CA 93108-2836 SANTA BARBARA CA 93108 00025610 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 77-0223052 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEPZINSKI, MARK Street Address (P.O. Box Number is Not Acceptable) 4200 W CYPRESS STREET **SUITE 479 TAMPA FL 33607** City 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) pot the content of the conte Make Check Payable to Department of State \$900 NORSON LORFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (9/99) PD 用用用品品额 Addition TITLE ☐ Delete TITLE DONGIEUX, GENE L JR NAME NAME 721 Sand Point Road STREET ADDRESS 1566 ORAMAS RD. STREET ADDRESS Carpenteria, CA 93013 CITY-ST-ZIP CITY-ST-ZIP SANTA BARBARA CA TITLE ☐ Addition ☐ Delete TITLE NAME ROCHESTIE, HOWARD M NAME STREET ADDRESS STREET ADDRESS 366 SHEFFIELD DR CITY-ST-7IP CITY-ST-ZIP MONTECITO CA 93108 ☐ Change Addition SD TITLE ☐ Delete WYSEL, GLEN NAME NAME STREET ADDRESS STREET ADDRESS 1540 BOLERO CITY-ST-ZIP CITY-ST-ZIP SANTA BARBARA CA 93108 Change Addition TITLE TD **⊠** Delete TITLE CHAMBERS, DONALD NAME NAME STREET ADDRESS STREET ADDRESS 4795 MILE HIGH DR CITY-ST-ZIP CITY-ST-ZIP SALT LAKE CITY UT 84124 D.B. John D. Brenz J. W. TITLE X Delete TITLE ☐ Chance Addition PERLITCH. MITCHELL NAME STREET ADDRESS STREET ADDRESS 4066 SONRCENTE RD CITY-ST-ZIP CITY-ST-ZIP **HOPE RANCH CA 93110** Change Addition TITLE ☐ Delete TITLE ATWATER, DEB STREET ADDRESS 22 LA CUMBRE CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANTA BARBARA CA 93105 13. 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 11 or Block 12 if

changed, or on an attachment will an address, with all other like empowered

FILED

Mar 04, 2000 8:00 am Secretary of State

03-04-2000 90099 041 ***150.00