2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000000138

1. Entity Name
MERCER GLOBAL ADVISORS, INC.

Principal Place of Business	Mailing Address
1801 E. CABRILLO BLVD. SANTA BARBARA, CA 93108	1801 E. CABRILLO BLVD. SANTA BARBARA, CA 93108

DO NOT WRITE IN THIS SPACE

04232004 No Chg-P CR2E034 (10/03)

4. FEI Number
77-0223052
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KIBBE, RONALD
4200 W CYPRESS STREET
SUITE 479
TAMPA, FL 33607

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000159609
05/10/04-80038-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DONGIEUX, GENE L JR
STREET ADDRESS	721 SAND POINT RD
CITY-ST-ZIP	CARPINTERIA, CA 93013
TITLE	TCD
NAME	ROCHESTIE, HOWARD M
STREET ADDRESS	366 SHEFFIELD DR
CITY-ST-ZIP	MONTECITO, CA 93108
TITLE	D
NAME	WYSEL, GLEN
STREET ADDRESS	1540 BOLERO
CITY-ST-ZIP	SANTA BARBARA, CA 93108
TITLE	SD
NAME	MANJI, IMTIAZ
STREET ADDRESS	6991 MARGUERITE ST
CITY-ST-ZIP	VANCOUVER, BC V69 5G1
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Glen Wysel Glen Wysel 4-23-04 805-565-2578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #