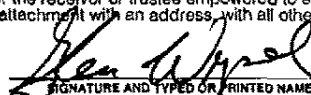


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # F94000000138		
1. Entity Name MERCER GLOBAL ADVISORS, INC.		
Principal Place of Business 1801 E. CABRILLO BLVD. SANTA BARBARA, CA 93108		Mailing Address 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		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
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
		U000000159609 05/10/04-80038-013 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONGIEUX, GENE L JR 721 SAND POINT RD CARPINTERIA, CA 93013	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCD ROCHESTIE, HOWARD M 366 SHEFFIELD DR MONTECITO, CA 93108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYSEL, GLEN 1540 BOLERO SANTA BARBARA, CA 93108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANJI, IMTIAZ 6991 MARGUERITE ST VANCOUVER, BC V6N 5G1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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		4-23-04 805-565-2578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #