

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

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Apr 28 1997 8:00am  
Secretary of State

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |                                                                                                                                                                           |
| DOCUMENT # F94000003734 (0)<br>1. Corporation Name<br>ADVANCED POLLUTION INSTRUMENTATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                   |                                                                                                                                                                                         |                                                                                                                                                                           |
| Principal Place of Business<br>6565 NANCY RIDGE DRIVE<br>SAN DIEGO CA 92121-2251                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                   | Mailing Address<br>8565 NANCY RIDGE DRIVE<br>SAN DIEGO CA 92121-2251                                                                                                                    |                                                                                                                                                                           |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                   | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29                                                                                                |                                                                                                                                                                           |
| 3. Date Incorporated or Qualified<br>07/18/1994                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                   | 3a. Date of Last Report<br>04/23/1996                                                                                                                                                   |                                                                                                                                                                           |
| 4. FEI Number<br>33-0387046                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   | Applied For<br>Not Applicable                                                                                                                                                           |                                                                                                                                                                           |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   | \$8.75 Additional Fee Required                                                                                                                                                          |                                                                                                                                                                           |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   | \$5.00 May Be Added to Fees                                                                                                                                                             |                                                                                                                                                                           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                   |                                                                                                                                                                                         |                                                                                                                                                                           |
| 9. Name and Address of Current Registered Agent<br>BETTS, TRISH<br>738 WESTWARD BEACH CIRCLE<br>PANAMA CITY FL 32413                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                   |                                                                                                                                                                                         |                                                                                                                                                                           |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                   |                                                                                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CD<br>WILLIAMS, KEITH<br>10501 MARKISON RD.<br>DALLAS TX <input type="checkbox"/> DELETE          | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP                                                                                                                          | Chief Executive Officer <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Edward Etes<br>6998 Paseo Laredo<br>La Jolla, CA 92137 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | P<br>ETESS, EDWARD<br>6888 PASEO LAREDO<br>LA JOLLA CA <input checked="" type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP                                                                                                                          | V.P. of Operations <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Jay Meinhardt<br>431 Emma Drive<br>Carlsbad, CA 92007                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | S<br>BYRNE, JAMES<br>1145 SANTA LUISA DR.<br>SOLANA BEACH CA <input type="checkbox"/> DELETE      | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP                                                                                                                          | President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>William J. Franks<br>11431 Avenida Conchito<br>San Diego, CA 92128   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> DELETE                                                                   | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP                                                                                                                          | Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Marilyn G. Damian<br>4744 Hedley Terrace<br>San Diego, CA 92130       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> DELETE                                                                   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> DELETE                                                                   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP                                                                                                                          | 300002159823<br>-04/30/97--01022--001<br>***165.00                                                                                                                        |
| 14. I do 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. |                                                                                                   |                                                                                                                                                                                         |                                                                                                                                                                           |
| SIGNATURE: <i>Marilyn G. Damian</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br>MARILYN G. DAMIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                   | 1/20/97 619-642-7799<br>Date Daytime Phone #<br>0809124                                                                                                                                 |                                                                                                                                                                           |