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2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2000 8:00 am Secretary of State OCUMENT # **F94000003734** ADVANCED POLLUTION INSTRUMENTATION, INC. 01-29-2000 90025 029 ***150.00 Mailing Address Principal Place of Business 6565 NANCY RIDGE DRIVE 6565 NANCY RIDGE DRIVE SAN DIEGO CA 92121-2251 SAN DIEGO CA 92121-2251 UUU12774 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 33-0387046 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name POWELL, GARY E Street Address (P.O. Box Number is Not Acceptable) **588 LAKE VICTORIA CIRCLE** MELBOURNE FL 32940 FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. Addition CE₀ ☐ Change ☐ Delete TITLE TITLE ETESS, EDWARD NAME NAME STREET ADDRESS STREET ADDRESS 6888 PASEO LAREDO CITY-ST-ZIP CITY-\$T-ZIP LAJOLLA CA 92137 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MEINHARDT, JAY STREET ADDRESS STREET ADDRESS 941 EMMA DRIVE CITY-ST-ZIP CITY-ST-ZIP CARDIFF CA 92007 Delete -☐ Change TITLE -TITLE NAME NAME FRANKS, WILLIAM J STREET ADDRESS 11931 AVENIDA CONSENTIDO STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92128 ☐ Change Addition AS ☐ Delete TITLE TITLE NAME DAMIAN, MARILYN G NAME STREET ADDRESS STREET ADDRESS 4744 REEDLY TERRACE CITY-ST-ZIE CITY-ST-ZIP SAN DIEGO CA 92130 ☐ Change ☐ Addition VPST ☐ Delete TITLE TITLE NAME BYRNE, JAMES D NAME STREET ADDRESS STREET ADDRESS 1145 SANTA LUISA DRIVE CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO <u>CA 92075</u> ☐ Change Addition COB ☐ Delete TITLE TITLE NAME WILLIAMS, KEITH E NAME STREET ADDRESS STREET ADDRESS 10501 MARKISON ROAD CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75238-9990

SIGNATURE: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4n G. Damian 01/14/2000 (858)65

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 with an address, with all other like empowered.