

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90150 032 \*\*\*150.00

DOCUMENT # F94000005390

1. Corporation Name

ON-POINT TECHNOLOGY SYSTEMS, INC.

Principal Place of Business

8444 MIRALANI DRIVE  
SAN DIEGO CA 92126  
US

Mailing Address

8444 MIRALANI DRIVE  
SAN DIEGO CA 92126  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1994

4. FEI Number

33-0423037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1370 W. San Marcos Blvd

Suite, Apt. #, etc.

22 #100

23 San Marcos CA

24 92069 25 US

2a. Mailing Address

26 1370 W. San Marcos Blvd

Suite, Apt. #, etc.

27 #100

28 San Marcos CA

29 92069 30 US

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CAS ☐ DELETE

NAME LAY, MARY  
STREET ADDRESS 8444 MIRALANI DR  
CITY-ST-ZIP SAN DIEGO CA

TITLE CEO ☐ DELETE

NAME FREDERICK SANDVICK  
STREET ADDRESS 8444 MIRALANI DR  
CITY-ST-ZIP SAN DIEGO CA

TITLE STCF ☐ DELETE

NAME HOITT, KEN  
STREET ADDRESS 8444 MIRALANI DR  
CITY-ST-ZIP SAN DIEGO CA

TITLE V ☐ DELETE

NAME ROBERTS, BRIAN  
STREET ADDRESS 8444 MIRALANI DR  
CITY-ST-ZIP SAN DIEGO CA

TITLE D ☐ DELETE

NAME BOUSKOS, JAMES  
STREET ADDRESS 8444 MIRALANI DR  
CITY-ST-ZIP SAN DIEGO CA

TITLE D ☐ DELETE

NAME OLBRICH, JOHN  
STREET ADDRESS 8444 MIRALANI DR  
CITY-ST-ZIP SAN DIEGO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 1370 W. San Marcos Blvd #100  
1.4 CITY-ST-ZIP San Marcos - CA - 92069

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME Bacani, Ed  
5.3 STREET ADDRESS 1370 W. San Marcos Blvd #100  
5.4 CITY-ST-ZIP San Marcos - CA - 92069

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS 1370 W. San Marcos Blvd #100  
6.4 CITY-ST-ZIP San Marcos - CA - 92069

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED LAY

4/14/99

760-510-4900

Date

Daytime Phone #

CR2E034 (11/98)