FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000005899 (8)**

1. Corporation Name
MISSION RESEARCH CORPORATION

Principal Place of Business	Mailing Address
147 JOHN SIMS PKWY VALPARAISO FL 32580	147 JOHN SIMS PKWY VALPARAISO FL 32580

3. Date Incorporated or Qualified: **12/05/1995**
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **95-2659854** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	CD	☐ Change ☒ Addition
NAME	SOWLE, DAVID H		1.2 NAME	EDWARD G. JORDAN	
STREET ADDRESS	2020 LAS CANOAS		1.3 STREET ADDRESS	26162 LADERA LANE	
CITY-ST-ZIP	SANTA BARBARA CA		1.4 CITY-ST-ZIP	CARMEL, CA 93923	
TITLE	PD	☐ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	GUTSCHE, STEVEN L		2.2 NAME	BRUCE GOPLEN	
STREET ADDRESS	4655 VIA BENDITA		2.3 STREET ADDRESS	18414 CEDAR DRIVE	
CITY-ST-ZIP	SANTA BARBARA CA		2.4 CITY-ST-ZIP	TRIANGLE, VA 22172	
TITLE	VD	☐ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	LUBELL, JERRY		3.2 NAME	ROBERT PUSKAR	
STREET ADDRESS	1975 OAK HILLS DRIVE		3.3 STREET ADDRESS	3695 HARMELING DRIVE	
CITY-ST-ZIP	COLORADO SPRINGS CO		3.4 CITY-ST-ZIP	DAYTON, OHIO 45440	
TITLE	VD	☐ DELETE	4.1 TITLE	CD	☐ Change ☒ Addition
NAME	BIGONI, ROBERT A		4.2 NAME	DENNIS KNEAP	
STREET ADDRESS	149 VEREDA LEYENDA		4.3 STREET ADDRESS	2WHITE TAIL LANE	
CITY-ST-ZIP	GOLETA CA		4.4 CITY-ST-ZIP	MONTEREY, CA 93940	
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FRIES, SCOT		5.2 NAME		
STREET ADDRESS	5227 CALLE CRISTOBOL		5.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA BARBARA CA		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LISHMAN, JOHN B		6.2 NAME		
STREET ADDRESS	111 ALPINE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	GOLETA CA		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John B. Lishman 2-13-96 (805) 963 8761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)