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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000005899 (8)

MISSION RESEARCH CORPORATION

Principal Place of Business

Mailing Address

147 JOHN SIMS PKWY

147 JOHN SIMS PKWY

FILED Jan 23 1998 8:00am Secretary of State



2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified 12/05/1995 3. Date Incorporated or Qualified 3. PRINCIPED 3. Date 3	VALPARAISO FL 32580		VALPARAISO FL 32580		DO NOT WRITE IN THIS SPACE			
2. Pincipal Place of Business 2a. Mailing Address 4. FB (humber Applied For Sulfe, Apt #, etc. 5. Use, Apt #, etc. 5. Left (humber 55-2659854 Managination							1110 01 7102	
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Solite Apt 8, etc 22	2. Principal P	face of Business	2a. Mailing Address	a. Mailing Address			Ar	oplied For
See Required Section Campaign Financing Section Section Section Section Section Section Section Section Section	21		1 - 1		95-2659854	No	ot Applicable	
City & State City & State 28		#, etc			5. Certificate of Status Desired			
Added to Pees Added to Pee	22							
Zip	-	e						
25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. PRENINCE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 1201 HAYS STREET SUITE 105 13. Name and Address of New Registered Agent 14. Name and Address of New Registered 14. Name and Address of New Registered 14. Name and Address of New Registered Agent 14. Name and Address of New Registered Agent 14. Name and Address 14. Nam		Country		Count				
B. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Street Address (P.O. Box Number is Not Acceptable) 85 TALLAHASSEE FL 32301 86 City FL 86 City FL 87 FL 88 Street Address (P.O. Box Number is Not Acceptable) 87 FREE Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 TILL 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 adentified by the corporation's board of directors. I hereby accept the abpointment as registered office or registered adentified by the corporation's board of directors. I hereby accept the appointment as registered search of the purpose of changing its registered search of the purpose of changing its registered office or registered adentified by the corporation's board of directors. I hereby accept the appointment as registered adentified by the corporation's board of directors. I hereby accept the appointment as registered adentified by the corporation's board of directors. I hereby accept the appointment as registered adentified by the corporation submits this statement for the purpose of changing its registered adentified by the corporation submits this statement for the purpose of changing its registered adentified by the corporation submits this acceptance of the corporation's board of directors. I hereby accept the appointment as registered adentified by the corporation submits this acceptance of the corporation submits this acceptance of the purpose of changing its registered adentified by the		<u>⊢</u> ¬ ′	—	_	y	·		_ ~
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STREET ADDRESS CITY-ST-ZIP SANTA BARBARA CA TITLE TD LISHMAN, JOHN B STREET ADDRESS 111 ALPINE DR CITY-ST-ZIP GOLETA CA 6.4 CITY-ST-ZIP 4. 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	i	FRIES, SCOT		5.2 NAME				
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TITLE TD DELETE 6.1 TITLE TREASURE Addition NAME LISHMAN, JOHN B STREET ADDRESS 111 ALPINE DR CITY-ST-ZIP GOLETA CA 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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		SANTA BARBARA CA		1	ST-ZIP	_		
NAME LISHMAN, JOHN B STREET ADDRESS CITY-ST-ZIP GOLETA CA 1.1 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	· · · · · · · · · · · · · · · · · · ·	TD	☐ DELETE			TREASURE	Change	Addition
CITY-ST-ZIP GOLETA CA 6.4 CITY-ST-ZIP 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	NAME	LISHMAN, JOHN B		6.2 NAME		्रम् च च ्च्चित्रः राज्यः ११० । जन	•	
CITY-ST-ZIP GOLETA CA 6.4 CITY-ST-ZIP 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	STREET ADDRESS	111 ALPINE DR		6.3 STREE	T ADDRESS			
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					ST-ZIP			
	14. I hereby o	certify that the information supplied wit	h this filing does not qualify for	the exem	otion stated in	n Section 119.07(3)(i), Florida Statutes. I furth	er certify that the	information

officer or director of the corporation or the receiver or trustee empowered to execute this Block 12 or Block 13 if changed, or on an attachment with an address.

TOUN BULLSHMAN