2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State
03-21-2001 90021 019 ***150.00

DOCUMENT # F95000005899

1. Entity Name
MISSION RESEARCH CORPORATION

Principal Place of Business	Mailing Address
147 JOHN SIMS PKWY VALPARAISO FL 32580	735 STATE STREET P.O. DRAWER 719 SANTA BARBARA CA 93102

2. Principal Place of Business: 735 STATE STREET
Suite, Apt. #, etc.
City & State: SANTA BARBARA CA
Zip: 93101 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

~~FILE NOW!!! FEE IS $150.00~~
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD ☐ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	SOWLE, DAVID H	NAME	EDWARD JORDAN
STREET ADDRESS	2020 LAS CANOAS	STREET ADDRESS	7061 DEVON WAY
CITY-ST-ZIP	SANTA BARBARA CA	CITY-ST-ZIP	BEAKLEY, CA 94705
TITLE	PD ☐ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	GUTSCHE, STEVEN L	NAME	MICHAEL CARNS
STREET ADDRESS	4655 VIA BENDITA	STREET ADDRESS	966 CORAL DRIVE
CITY-ST-ZIP	SANTA BARBARA CA	CITY-ST-ZIP	PEBBLE BEACH, CA 93953
TITLE	VD ☒ Delete	TITLE	VP DIRECTOR ☐ Change ☒ Addition
NAME	BIGONI, ROBERT A	NAME	ROBERT PUSKAR
STREET ADDRESS	149 VEREDA LEYENDA	STREET ADDRESS	3695 HARMELING DRIVE
CITY-ST-ZIP	GOLETA CA	CITY-ST-ZIP	DAYTON OH 45440
TITLE	S ☐ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	FRIES, SCOT	NAME	THOMAS OLD
STREET ADDRESS	5227 CALLE CRISTOBOL	STREET ADDRESS	1231 DE LA GUERRA
CITY-ST-ZIP	SANTA BARBARA CA	CITY-ST-ZIP	SANTA BARBARA CA 93103
TITLE	T ☐ Delete	TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	LISHMAN, JOHN B	NAME	ERROL ENGLISH
STREET ADDRESS	111 ALPINE DR	STREET ADDRESS	84 PINE BLUFF
CITY-ST-ZIP	GOLETA CA	CITY-ST-ZIP	BEAVERCREEK OHIO 45440
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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.

SIGNATURE: JOHN B. LISHMAN VP 15 MARCH 2001 8059638761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #