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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
735 STATE STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANTA BARBARA CA	City & State
Zip: 93101 Country	Zip Country

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	7. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SOWLE, DAVID H 2020 LAS CANOAS SANTA BARBARA CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR EDWARD JORDAN 7061 DEVON WAY BEAKLEY, CA 94705	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GUTSCHE, STEVEN L 4655 VIA BENDITA SANTA BARBARA CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MICHAEL CARNS 966 CORAL DRIVE PEBBLE BEACH, CA 93953	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BIGONI, ROBERT A 149 VEREDA LEYENDA GOLETA CA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DIRECTOR ROBERT PUSKAR 3695 HARMELING DRIVE DAYTON OH 45440	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FRIES, SCOT 5227 CALLE CRISTOBOL SANTA BARBARA CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR THOMAS OLD 1231 DE LA GUERRA SANTA BARBARA CA 93103	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LISHMAN, JOHN B 111 ALPINE DR GOLETA CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ERROL ENGLISH 84 PINE BLUFF BEAVERCREEK OHIO 45440	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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