

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90038 003 \*\*\*150.00

**DOCUMENT # F95000005899**

1. Entity Name

**MISSION RESEARCH CORPORATION**

Principal Place of Business

**735 STATE STREET  
SANTA BARBARA CA 93101**

Mailing Address

**735 STATE STREET  
P.O. DRAWER 719  
SANTA BARBARA CA 93102**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE	CD	<input type="checkbox"/> Delete
NAME	SOWLE, DAVID H	
STREET ADDRESS	2020 LAS CANOAS	
CITY-ST-ZIP	SANTA BARBARA CA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GUTSCHE, STEVEN L	
STREET ADDRESS	4655 VIA BENDITA	
CITY-ST-ZIP	SANTA BARBARA CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	JORDAN, EDWARD	
STREET ADDRESS	7061 DEVON WAY	
CITY-ST-ZIP	BERKELEY CA 94705	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRIES, SCOT	
STREET ADDRESS	5227 CALLE CRISTOBOL	
CITY-ST-ZIP	SANTA BARBARA CA	
TITLE	T	<input type="checkbox"/> Delete
NAME	LISHMAN, JOHN B	
STREET ADDRESS	111 ALPINE DR	
CITY-ST-ZIP	GOLETA CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARNS, MICHAEL	
STREET ADDRESS	966 CORAL DRIVE	
CITY-ST-ZIP	PEBBLE BEACH CA 93953	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	1034 SANDPIPER LN
CITY-ST-ZIP	SANTA BARBARA CA 93110
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JOHN B. LISHMAN** **CFD** **8 JAN 02** **805 963 8761**

CR2E034 (9/01)