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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90139 038 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F96000000090

1. Corporation Name  
**TELETRAC LICENSE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2323 GRAND STE. 1100 KANSAS CITY MO 64108  
 Mailing Address: 2323 GRAND STE. 1100 KANSAS CITY MO 64108

3. Date Incorporated or Qualified  
**01/04/1996**

2. Principal Place of Business: 21 2131 FARADAY AVE  
 Suite, Apt. #, etc. 22  
 City & State: 23 CARLSBAD, CA  
 Zip Country: 24 92008 25 SAN DIEGO  
 2a. Mailing Address: 26 2131 FARADAY AVE  
 Suite, Apt. #, etc. 27  
 City & State: 28 CARLSBAD, CA  
 Zip Country: 29 92008 30 SAN DIEGO

4. FEI Number: 48-1177612 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 owes the current year Intangible Personal Property Tax:  Yes  No

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	QUEEN, JAMES A	
STREET ADDRESS	2323 GRAND, STE 1100	
CITY-ST-ZIP	KANSAS CITY MO 64108	
TITLE	PC	<input type="checkbox"/> DELETE
NAME	SARTO, JOHN	
STREET ADDRESS	2323 GRAND STE 1100	
CITY-ST-ZIP	KANSAS CITY MO 64108	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOWE, ALAN B	
STREET ADDRESS	2323 GRAND STE 1100	
CITY-ST-ZIP	KANSAS CITY MO 64108	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JENNINGS, LAWRENCE P	
STREET ADDRESS	4446 ST. JOHNS AVENUE	
CITY-ST-ZIP	BOULDER CO 80301	
TITLE	F	<input checked="" type="checkbox"/> DELETE
NAME	BENBOW, ROBERT F	
STREET ADDRESS	BURR, EGAN, 1 EMBARCADERO CENTER #4050	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERKMAN, DAVID J	
STREET ADDRESS	ASSOCIATE GROUP, 3 BALA PLAZA EAST #502	
CITY-ST-ZIP	BALA CYNWYD PA 19004	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SARTO, JOHN F	
1.3 STREET ADDRESS	2131 FARADAY AVE	
1.4 CITY-ST-ZIP	CARLSBAD, CA 92008	
2.1 TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SARTO, JOHN F	
2.3 STREET ADDRESS	2131 FARADAY AVE	
2.4 CITY-ST-ZIP	CARLSBAD, CA 92008	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HOWE, ALAN B	
3.3 STREET ADDRESS	2131 FARADAY AVE	
3.4 CITY-ST-ZIP	CARLSBAD, CA 92008	
4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JENNINGS, LAWRENCE P	
4.3 STREET ADDRESS	2131 FARADAY AVE	
4.4 CITY-ST-ZIP	CARLSBAD, CA 92008	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Steven D Scheive	
5.3 STREET ADDRESS	2131 Faraday Ave.	
5.4 CITY-ST-ZIP	Carlsbad, CA 92008	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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 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, with all other like empowered.

SIGNATURE: Steven D Scheive 2/3/99 (760) 931-2644  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)