

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90015 038 ***150.00

0815-06 AT

DOCUMENT # F96000000090

1. Entity Name
TELETRAC LICENSE, INC.

Principal Place of Business 3220 EXECUTIVE RIDGE, STE. 100 VISTA CA 92083	Mailing Address 3220 EXECUTIVE RIDGE, STE. 100 VISTA CA 92083
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2. Principal Place of Business 7391 LINCOLN WAY	3. Mailing Address 7391 LINCOLN WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State GARDEN GROVE, CA	City & State GARDEN GROVE, CA	4. FEI Number 48-1177612	Applied For <input type="checkbox"/> Not Applicable
Zip 92841	Country USA	Zip 92841	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHEINE, STEVEN D 3220 EXECUTIVE RIDGE, STE. 100 VISTA CA 92083 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF EXECUTIVE OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TONY EALES 7391 LINCOLN WAY GARDEN GROVE, CA 92841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOWE, ALAN B 3220 EXECUTIVE RIDGE, STE. 100 VISTA CA 92083 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NIGEL BOND 7391 LINCOLN WAY GARDEN GROVE, CA 92841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KRIS SINDERHOLM 7391 LINCOLN WAY GARDEN GROVE, CA 92841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: J. DEKSDATIDE KRIS SINDERHOLM **1/18/02** **(714) 897-0874**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)