FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # F9600001279 (6)

ILLGEN SIMULATION TECHNOLOGIES, INC.

Principal Place of Business	
130 ROBIN HILL ROAD, SUITE 20	00

2. Principal Piace of Business

SIGNATURE:

Mailing Address

2a. Mailing Address

130 ROBIN HILL ROAD. SUITE 200 GOLETA CA 93117-3153

FILED Apr 11 1997 8:00am Secretary of State



3a. Date of Last Report

Applied For

3. Date Incorporated or Qualified

03/13/1996 4. FEI Number

21				26]					77-01781	86		_N	ot Applicable	
22	Suite, Apt ≢	e, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of	Status Desired	戉		Additional equired	
	City & State	ity & State			City & State				6. Election Cam	paign Financing		\$5.00	May Be	
23				28					Trust Fund C	ontribution			to Fees	
—— <u>—</u>	Zφ		Country	Zip	-	Count	ry			ion has liability for			s. 199.032,	
24		n Name	and Address of Curre	29		10			Florida Statut	es ddress of New R	Yes			
				int Heålsteren	Agent	8	* N	1	IV. Name and A	OGISES OI NEW N	añistatan y	faur		
		ET, CHAP				l°	II Nan	Name Y CLAVETTE WALTER IRWIN HUDSON						
RESEARCH COMMONS OFFICE BLDG.					6	2 Stre	et Address (P.O. Box Number is Not Acceptable)							
12249 SCIENCE DR., CTR FL RES PK						-			CH COMMON					
ORLANDO FL						8	۱ ا ^ه	2249	SCIENCE D	R, STE 200) .			
						8	4 City	RLAND)n			85 Zip	Code	
	·										<u>FL</u>		2826	
11	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. Thereby accept the appointment as 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 obligation of, Section 607,0505, Florida Statutes.													
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14	. 1 do hereb	y certify tha	the information suppli	ed with this filin	ng does not qualify	for the ex	emption	stated in	in Section 119.07(3)(i), Florida Statut	es. I further	certify that	t the	
	information Lam an of	i indicated i ficer or dire	It the information suppli or this annual report or dor of the corporation (RISA) 12 if phanned	supplemental or the receiver	annual report is tru or trustee empower	e and acred to exe	curate a ecute th	nd that n is report a	ny signature shall`l as required by Cha	nave the same leg apter 607, Florida	jal effect as Statutes; ar	if made ur nd that my	nder oath; that name	
		Character 4 Com	الممسودة بأسائذا كالكمالانات	ar an affinisant	مامامات المشاهدة والمستعدد									