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Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001572

1. Corporation Name
TDC Research, Inc.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 03/27/96
3a. Date of Last Report: NA

2. Principal Place of Business
21: 13201 Rachael Blvd.
22: Suite, Apt. #, etc.
23: City & State: Alachua, FL
24: Zip: 32615
25: Country: USA

2a. Mailing Address
26: P. O. Box 15088
27: Suite, Apt. # etc.
28: City & State: Gainesville, FL
29: Zip: 32604
30: Country: USA

4. FEI Number: 54-1321090 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Tomas Hudlicky
13201 Rachael Blvd.
Alachua, FL 32165

10. Name and Address of New Registered Agent

81 Name: Richard M. Knellinger
82 Street Address (P.O. Box Number is Not Acceptable): 2815 NW 13th Street
83: Suite 305
84 City: Gainesville **FL** 85 Zip Code: 32609

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: Richard M. Knellinger DATE: 4-22-97
(If changing registered agent and/or if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Tomas Hudlicky	12 NAME	
STREET ADDRESS	1512 NW 20th Street	13 STREET ADDRESS	
CITY-ST-ZIP	Gainesville, FL 32605	14 CITY-ST-ZIP	
TITLE	V/S/T ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Josephine W. Reed	22 NAME	
STREET ADDRESS	1512 NW 20th Street	23 STREET ADDRESS	
CITY-ST-ZIP	Gainesville, FL 32605	24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

4/25/97

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CR2E034 (9/96)

14. I do 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.

SIGNATURE: Tomas Hudlicky — Tomas Hudlicky — 04/21/97 — 352-392-9844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #