


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 06, 1999 8:00am  
Secretary of State

02-06-1999 90015 007 \*\*\*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001572

1. Corporation Name  
TDC RESEARCH, INC.



Principal Place of Business 13201 RACHAEL BLVD ALACHUA FL 32615	Mailing Address P.O. BOX 15088 GAINESVILLE FL 32604 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/27/1996		4. FEI Number 54-1321090		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Additional Fee Required \$8.75		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent KNELLINGER, RICHARD M 2815 NW 13TH STREET SUITE 305 GAINESVILLE FL 32609				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			
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETED	1.1 TITLE	Change Addition			
NAME	HUDLUCKY, TOMAS		1.2 NAME				
STREET ADDRESS	1512 NW 20TH STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL 32605		1.4 CITY-ST-ZIP				
TITLE	VST	DELETED	2.1 TITLE	Change Addition			
NAME	REED, JOSEPHINE W		2.2 NAME				
STREET ADDRESS	1512 NW 20TH STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL 32605		2.4 CITY-ST-ZIP				
TITLE		DELETED	3.1 TITLE	Change Addition			
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		DELETED	4.1 TITLE	Change Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETED	5.1 TITLE	Change Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETED	6.1 TITLE	Change Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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: TOMAS HUDLUCKY 1/14/99 352-392-9844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)