

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90013 012 \*\*\*550.00

0120936

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # F98000000099**

1. Corporation Name

**APPLIED RESEARCH ASSOCIATES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**4300 SAN MATEO BLVD., NE  
 SUITE A220  
 ALBUQUERQUE NM 87110**

Mailing Address  
**4300 SAN MATEO BLVD., NE  
 SUITE A220  
 ALBUQUERQUE NM 87110**

3. Date Incorporated or Qualified  
**01/07/1998**

4. FEI Number  
**85-0276434**

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.  Yes  No

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

City & State  
**23**

Zip  
**24**

Country  
**25**

9. Name and Address of Current Registered Agent

**ARTMAN, DAVID H  
 BDLG. 1142 MISSISSIPPI ROAD  
 TYNDALL AFB FL 32403**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**  DELETE

NAME **BRATTON, JIMMIE L**

STREET ADDRESS **4300 SAN MATEO BLVD., NE STE A220**

CITY-ST-ZIP **ALBUQUERQUE NM**

TITLE **SD**  DELETE

NAME **HIGGINS, CORNELIUS J**

STREET ADDRESS **4300 SAN MATEO BLVD., NE STE A220**

CITY-ST-ZIP **ALBUQUERQUE NM**

TITLE **VD**  DELETE

NAME **BLOUIN, SCOTT E**

STREET ADDRESS **RFD 1, BOX 73**

CITY-ST-ZIP **SOUTH ROYALTON VT**

TITLE **CD**  DELETE

NAME **COOPER, HENRY F**

STREET ADDRESS **10016 PARK ROYAL DR.**

CITY-ST-ZIP **GREAT FALLS VA**

TITLE **VD**  DELETE

NAME **DRAKE, JAMES L**

STREET ADDRESS **155 MCLENDON DRIVE**

CITY-ST-ZIP **RAYMOND MS**

TITLE **VD**  DELETE

NAME **TWISDALE, LAWRENCE A**

STREET ADDRESS **228 CARPATHIAN WAY**

CITY-ST-ZIP **RALEIGH NC**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S, D**  Change  Addition

1.2 NAME **BRATTON, Jimmie L**

1.3 STREET ADDRESS **4300 SAN MATEO BLVD., NE STE A220**

1.4 CITY-ST-ZIP **ALBUQUERQUE, NM 87110**

2.1 TITLE **P, D**  Change  Addition

2.2 NAME **HIGGINS, CORNELIUS J.**

2.3 STREET ADDRESS **4300 SAN MATEO BLVD., NE STE A220**

2.4 CITY-ST-ZIP **ALBUQUERQUE, NM 87110**

3.1 TITLE **D**  Change  Addition

3.2 NAME **NORMAN R. CORZINE**

3.3 STREET ADDRESS **4300 SAN MATEO BLVD NE, STE A220**

3.4 CITY-ST-ZIP **ALBUQUERQUE NM 87110**

4.1 TITLE **D**  Change  Addition

4.2 NAME **JAMES D CRAMER**

4.3 STREET ADDRESS **4300 SAN MATEO BLVD NE, STE A220**

4.4 CITY-ST-ZIP **ALBUQUERQUE NM 87110**

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  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.

SIGNATURE: *[Signature]* 7/1/99 (505) 881 8074

CR2E034 (5/99)