

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2004  
Secretary of State**

DOCUMENT# F98000000099

Entity Name: APPLIED RESEARCH ASSOCIATES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 85-0276434      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRATTON, JIMMIE L  
Address: 4300 SAN MATEO BLVD., NE STE A220  
City-St-Zip: ALBUQUERQUE, NM 87110

Title: SD ( ) Delete  
Name: HIGGINS, CORNELIUS J  
Address: 4300 SAN MATEO BLVD., NE STE A220  
City-St-Zip: ALBUQUERQUE, NM 87110

Title: D ( ) Delete  
Name: BLOUIN, SCOTT E  
Address: 112 ROUTE 11  
City-St-Zip: SUNAPEE, NH 03782

Title: CD ( ) Delete  
Name: COOPER, HENRY F  
Address: 10016 PARK ROYAL DR.  
City-St-Zip: GREAT FALLS, VA

Title: VD ( ) Delete  
Name: DRAKE, JAMES L  
Address: 155 MCLENDON DRIVE  
City-St-Zip: RAYMOND, MS

Title: TD ( ) Delete  
Name: TWISDALE, LAWRENCE A  
Address: 228 CARPATHIAN WAY  
City-St-Zip: RALEIGH, NC

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIMMIE L. BRATTON

PD

04/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date