

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90069 037 ***150.00

DOCUMENT # F98000001802

1. Corporation Name

WESTERN PACIFIC DATA SYSTEMS INC.

Principal Place of Business

**7590 FAY AVE.
LA JOLLA CA 92037**

Mailing Address

**7590 FAY AVE.
LA JOLLA CA 92037**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1998

4. FEI Number

95-4662096

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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	DP	<input type="checkbox"/> DELETE
NAME	JACKSON, MARGARET	
STREET ADDRESS	7590 FAY AVE.	
CITY-ST-ZIP	LA JOLLA CA 92037	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HADFIELD, NEIL	
STREET ADDRESS	7590 FAY AVE.	
CITY-ST-ZIP	LA JOLLA CA 92037	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LUBENOW, TERRY	
STREET ADDRESS	7590 FAY AVE.	
CITY-ST-ZIP	LA JOLLA CA 92037	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	KNOX, JOHN	
STREET ADDRESS	87 MODULAR AVE.	
CITY-ST-ZIP	COMMACK NY 11725	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARDSON, MICHAEL	
STREET ADDRESS	7590 FAY AVE.	
CITY-ST-ZIP	LA JOLLA CA 92037	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POTTER, ROBERT	
STREET ADDRESS	7590 FAY AVE.	
CITY-ST-ZIP	LA JOLLA CA 92037	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MANAGING DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALFRED P. WOODWARD	
1.3 STREET ADDRESS	7590 FAY AVE	
1.4 CITY-ST-ZIP	LA JOLLA, CA 92037	
2.1 TITLE	CHIEF FINANCIAL OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GREGORY JASENOVEC	
2.3 STREET ADDRESS	7590 FAY AVE	
2.4 CITY-ST-ZIP	LA JOLLA, CA 92037	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/99 (619) 454-0028

CR2E034 (1/98)