

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0657501 AT

10/2

DOCUMENT # F99000003505



1. Entity Name
VISICOM LABORATORIES, INC.

FILED

03 JAN 17 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3033 SCIENCE PARK RD.
SAN DIEGO CA 92121

Mailing Address
3033 SCIENCE PARK RD.
SAN DIEGO CA 92121

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 33-0861443

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lynette Coleman*
Signature, typed or printed name of registered agent and title if applicable.

Lynette Coleman
as its agent

(NOTE: Registered Agent signature required when reinstating)

DATE 1/17/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME RAY, GENE W
STREET ADDRESS 3033 SCIENCE PARK RD.
CITY-ST-ZIP SAN DIEGO CA 92121

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000010199670
CITY-ST-ZIP

TITLE D ☒ Delete
NAME BAIRD, MELLON C
STREET ADDRESS 3033 SCIENCE PARK RD.
CITY-ST-ZIP SAN DIEGO CA 92121

TITLE VP, CFO and TREASURER ☐ Change ☐ Addition
NAME Michaela Paiger
STREET ADDRESS 3033 Science Park Road
CITY-ST-ZIP San Diego, CA 92121

TITLE EVPC ☐ Delete
NAME DEMARCO, ERIC M
STREET ADDRESS 3033 SCIENCE PARK RD.
CITY-ST-ZIP SAN DIEGO CA 92121

TITLE DIRECTOR ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVPG ☒ Delete
NAME COSTANZA, NICHOLAS J
STREET ADDRESS 3033 SCIENCE PARK RD.
CITY-ST-ZIP SAN DIEGO CA 92121

TITLE Vice President, Contracts ☒ Change ☐ Addition
NAME David K. Bandy
STREET ADDRESS 3033 Science Park Road
CITY-ST-ZIP San Diego, CA 92121

TITLE AS ☐ Delete
NAME BARR, CHERYL L
STREET ADDRESS 3033 SCIENCE PARK RD.
CITY-ST-ZIP SAN DIEGO CA 92121

TITLE SECRETARY ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT ☐ Delete
NAME LECHEN, SHAWN
STREET ADDRESS 3033 SCIENCE PARK RD.
CITY-ST-ZIP SAN DIEGO CA 92121

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cheryl Barr* SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03

858-552-9500

Date

Daytime Phone #

CR2E034 (10/02)



CORPORATION SERVICE COMPANY"

2622

ACCOUNT NO. : 072100000032

REFERENCE : 896551 4388080

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pajub

ORDER DATE : January 17, 2003

ORDER TIME : 11:37 AM

ORDER NO. : 896551-035

CUSTOMER NO: 4388080

CUSTOMER: Mr. Michael Kirker
The Titan Corporation
3033 Science Park Rd.

San Diego, CA 92121

RECEIVED
03 JAN 17 PM 2:36
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: VISICOM LABORATORIES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore - Ext. 1147

EXAMINER'S INITIALS:

[Handwritten signature]