

2001 UNIFORM BUSINESS REPORT (UBR)

1982

00017698 AV

DOCUMENT # F99000004754

1. Entity Name
OCEAN DESIGN, INC.

Principal Place of Business
**9 AVIATOR WAY
ORMOND BEACH FL 32174**

Mailing Address
**9 AVIATOR WAY
ORMOND BEACH FL 32174**

FILED

02 FEB 13 PM 3:14

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2932709**

Applied For
Not Applicable

Zip Country

Zip Country

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

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.

SIGNATURE *Deborah D. Skipper*

Deborah D. Skipper
Asst. V. Pres.

2/12/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO STRAUSS, JOHN 9 AVIATOR WAY ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VOLLMAR, MICHAEL 9 AVIATOR WAY ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FOLVIG, JOHN 9 AVIATOR WAY ORMOND BEACH FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, GARY 9 AVIATOR WAY ORMOND BEACH FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARLOW, STEWART 9 AVIATOR WAY ORMOND BEACH FL 32174	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HIRSH, AUSTIN L 30 SOUTH WACKER DRIVE CHICAGO IL 60606	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Read, Michael 9 Aviator Way Ormond Beach, Fl 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Oil & Gas 9 Aviator Way Ormond Beach, Fl 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 01-02	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700005022527-8 -02/27/02--01007--004 ****750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700005022527-8 -02/27/02--01007--005 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deborah S. Atkins* **Deborah S. Atkins, CFO** 1/18/02 386-677-9320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

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Ocean Design, Inc.
FEI # 59-2932709
Docket # K63803

Box 11 ADDITIONAL INFORMATION

President: Defense Oceanography and Telecommunications
John Toth
9 Aviator Way
Ormond Beach, Fl 32174

Chief Financial Officer
Deborah Adkins
9 Aviator Way
Ormond Beach, Fl 32174

Board Chairman
James L. Cairns
9 Aviator Way
Ormond Beach, Fl 32174

Director
William Revelle
9 Aviator Way
Ormond Beach, Fl 32174

Director
Donald Altman
P.O. Box 4005
Bellevue, Wa 98009

Director
Gerald M. Starek
9 Aviator Way
Ormond Beach, Fl 32174



ACCOUNT NO. : 072100000032
 REFERENCE : 694973 7316736
 AUTHORIZATION :
 COST LIMIT : \$ PPD

ORDER DATE : February 12, 2002
 ORDER TIME : 11:56 AM
 ORDER NO. : 694973-005
 CUSTOMER NO: 7316736
 CUSTOMER: Mr. Glen Miller
 ✓ Ocean Design, Inc.
 9 Aviator Way

Ormond Beach, FL 32174

REINSTATEMENT

NAME: OCEAN DESIGN, INC.

RECEIVED
 02 FEB 13 PM 12:53
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson
 EXAMINER'S INITIALS _____