## FILED ~2000 UNIFORM BUSINESS REPORT (UBR) Aug 17, 2000 8:00 am Secretary of State DOCUMENT # **F9900006495** 1. Entity Name POWER RESEARCH INC. 08-17-2000 90107 040 \*\*\*558.75 Mailing Address Principal Place of Business 3 CIVIC PLAZA, STE, 267 3 CIVIC PLAZA, STE, 267 NEWPORT BEACH CA 92660 NEWPORT BEACH CA 92660 2. Principal Place of Business 3. Mailing Address 3750 MACIENDA BLVD 3750 HACIENDA BLVD Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE SUITE. A SUITE Applied For City & State City & State 4. FEI Number 88-0254841 F. LAUDERDALE. Not Applicable Zip 333.14 Country \$8.75 Additional 5. Certificate of Status Desired X 33314 Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WANDA LEWIS BRILL, THEODORE F ESQ. Street Address (P.O. Box Number is Not Acceptable) 3750 HACIENDA BUND. STE 8211 W. BROWARD BLVD., STE. 360 PLANTATION FL 33324-2737 Zip Code 14 Fl FT. LAUDERDAUE purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named entity submits this statement for th SIGNATURE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CPT Change Addition TITLE ☐ Delete LEWIS, WANDA 520 SE 5THAVE #1708 STREET ADDRESS 31 VISTA DEL CANON STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALISO VIEJO CA 92656 FT. LAUDERDALE, FL 33301 TITLE VC Delete TITLE ☐ Addition LEWIS, RALPH NAME NAME STREET ADDRESS 31 VISTA DEL CANON STREET ADDRESS CITY-ST-ZIP\_ ALISO\_VIEJO.CA 92656 CITY-ST-ZIP. TITLE Change ☐ Addition TITLE Delete DAVIDSON, BLAKE NAME NAME STREET ADDRESS 5161 SAN FELIPE, STE. 320 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77056** ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-2000