

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45939 (8)

1. Corporation Name

LASER-INDUCED DAMAGE CONFERENCE, INC.



Principal Place of Business

Mailing Address

**12424 RESEARCH PKWY STE 400
ORLANDO FL 32826**

**12424 RESEARCH PKWY STE 400
ORLANDO FL 32826**

| | |
|--------------------------------------|--------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 4000 Central Florida Blvd. | 26 4000 Central Florida Blvd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 CREOL Building/UCF | 27 CREOL Building/UCF |
| City & State | City & State |
| 23 Orlando, FL | 28 Orlando, FL |
| Zip | Zip |
| 24 32816-2700 | 29 32816-2700 |
| Country | Country |
| 25 USA | 30 USA |

| | |
|---|--|
| 3. Date Incorporated or Qualified 11/08/1991 | 3a. Date of Last Report 01/20/1995 |
| 4. FEI Number 59-3086668 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOILEAU, M. J
CREOL
12424 RESEARCH PKWY, S-400
ORLANDO FL 32826**

| | |
|---|-----------------------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 4000 Central Florida Blvd. |
| 83 | CREOL Building/UCF |
| 84 City | Orlando |
| 85 Zip Code | FL 32816-2700 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

M. J. Soileau, Director

2/5/96

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GUENTHER, ARTHUR H. | 1.2 NAME | |
| STREET ADDRESS | 6304 ROGERS, NE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | ALBUQUERQUE NM | 1.4 CITY - ST - ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NEWMAN, B E | 2.2 NAME | Mark R. Kozlowski |
| STREET ADDRESS | LOS ALAMOS NATL. LAB. | 2.3 STREET ADDRESS | 7000 East Avenue |
| CITY - ST - ZIP | LOS ALAMOS NM | 2.4 CITY - ST - ZIP | Livermore, CA 94551 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOILEAU, M. J. | 3.2 NAME | |
| STREET ADDRESS | 4000 CENTRAL BLVD | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | ORLANDO FL | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. J. Soileau, Director 2/5/96 (407) 823-6834

Date

Daytime Phone #

CR2E037 (12/95)