


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997 1-29-97		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N45939		(8)	
1. Corporation Name LASER-INDUCED DAMAGE CONFERENCE, INC.			



Principal Place of Business 12424 RESEARCH PKWY STE 400 CREOL BUILDING/ UCF ORLANDO FL 32816-2700 US	Mailing Address 4000 CENTRAL FLORIDA BLVD CREOL BUILDING/UCF ORLANDO FL 32816 US
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2. Principal Place of Business 21 4000 Central Florida Blvd. Suite, Apt. #, etc. 22 CREOL Building/UCF City & State 23 Orlando, FL Zip 24 32816-2700	2a. Mailing Address 25 Suite, Apt. #, etc. 26 CREOL Building/UCF City & State 27 Orlando, FL Zip 28 32816-2700	29 Country 30 USA
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3. Date Incorporated or Qualified 11/08/1991	3a. Date of Last Report 02/08/1996
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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent SOILEAU, M. J 4000 CENTRAL FLORIDA BLVD CREOL BUILDING/UCF ORLANDO FL 32816	
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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	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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	GUENTHER, ARTHUR H.
STREET ADDRESS	6304 ROGERS, NE
CITY-ST-ZIP	ALBUQUERQUE NM
TITLE	D <input type="checkbox"/> DELETE
NAME	KOZLOWSKI, MARK R
STREET ADDRESS	7000 EAST AVENUE
CITY-ST-ZIP	LIVERMORE CA
TITLE	D <input type="checkbox"/> DELETE
NAME	SOILEAU, M. J.
STREET ADDRESS	4000 CENTRAL BLVD
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	989 Lynx Loop, NE
1.4 CITY-ST-ZIP	Albuquerque, NM 87122-1313
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	94551
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	32816-2700
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 do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E037 (9/96)