

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

ATX1

FILED

03 DEC 29 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N45939**

1. Entity Name
Laser-Induced Damage Conference, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business % Art Guenther, 989 Lynx Loop NE Suite, Apt #, etc.		3. Mailing Address % Art Guenther, 989 Lynx Loop NE Suite, Apt. #, etc.	
City & State Albuquerque, NM		City & State Albuquerque, NM	
Zip 87122-1313	Country	Zip 87122-1313	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3086668		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent			
Name Soileau, M.J.			
Street Address (P.O. Box Number is Not Acceptable) 100 Tuskarvella Rd.			
City Winter Springs		FL	Zip Code 32708

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 **300025817233**
12/29/03--01057--003 **61.25

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Guenther, Arthur H. 989 lynx Loop NE Albuquerque, NM 87122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Stoltz, Christopher Livermore Na'tl Lab, PO Box 808-L487 Livermore Ca. 94550	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Soileau, M J. 100 Tuskarvella Rd. Winter Sprdngs, Fl. 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE: **ARTHUR H. GUENTHER** **12/10/03** 505-856-1522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #