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

ATX

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45939

1. Entity Name

Laser-Induced Damage Conference, Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

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

4. FEI Number: 59-3086688 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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 _____ DATE

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

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS

TITLE	Director
NAME	Guenther, Arthur H.
STREET ADDRESS	989 lynx Loop NE
CITY-ST-ZIP	Albuquerque, NM 87122
TITLE	Director
NAME	Stoltz, Christopher
STREET ADDRESS	Livermore Nat'l Lab, PO Box 808-L487
CITY-ST-ZIP	Livermore Ca. 94550
TITLE	Director
NAME	Soileau, M J.
STREET ADDRESS	100 Tuskarvella Rd.
CITY-ST-ZIP	Winter Sprdings, Fl. 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an asterisk with all other like empowered.

SIGNATURE: _____ 7/10/04 505-856-1522

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

CR2E078 (12/01)