

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P11032**1. Entity Name  
**BECKER MICROBIAL PRODUCTS, INC.****Principal Place of Business**15760 VENTURA BLVD.  
SUITE 1101  
ENCINO  
914363076

CA

**Mailing Address**15760 VENTURA BLVD.  
SUITE 1101  
ENCINO  
914363076

CA

**2. Principal Place of Business**

2743 AQUA VERDE CIR

**3. Mailing Address**

4046 SAN REMO WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

LOS ANGELES

CA

**City & State**

TARZANA

CA

**Zip**

90077

**Country****Zip**

91356

**Country****4. FEI Number****95-4045690****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROADPLANTATION  
33324

US

FL

**7. Name and Address of New Registered Agent****Name****Street Address (P.O. Box Number is Not Acceptable)****City**

FL

**Zip Code**

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 \_\_\_\_\_ **02/23/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON BRYAN	
STREET ADDRESS	15760 VENTURA BLVD #1101	
CITY-ST-ZIP	ENCINO CA	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHORT GEORGE G	
STREET ADDRESS	15760 VENTURA BLVD #1101	
CITY-ST-ZIP	ENCINO CA	
TITLE	DCFO	<input type="checkbox"/> Delete
NAME	BECKER, NEWTON	
STREET ADDRESS	15760 VENTURA BLVD	
CITY-ST-ZIP	ENCINO CA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COUCH, TERRY L.	
STREET ADDRESS	9464 N.W. 11TH ST.	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON BRYAN	
STREET ADDRESS	4046 SAN REMO WAY	
CITY-ST-ZIP	TARZANA CA 91356	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORT GEORGE G	
STREET ADDRESS	P. O. DRAWER 720	
CITY-ST-ZIP	SANTA BARBARA CA 93102-072	
TITLE	DCFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, NEWTON	
STREET ADDRESS	2743 AQUA VERDE CIR	
CITY-ST-ZIP	LOS ANGELES CA 90077	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

**SIGNATURE: BRYAN GORDON****DIRE****02/23/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)