SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 10:23

DOCUMENT # **P13381** **(9)**

1. Corporation Name

GEOMETRIC RESULTS INCORPORATED

Principal Place of Business	Mailing Address
800 LA TERRAZA BLVD. SUITE 300 ESCONDIDO CA 92025	800 LA TERRAZA BLVD. SUITE 300 ESCONDIDO CA 92025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1987
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 38-2703800 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc — 22
Suite, Apt. #, etc — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28

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

Zip — 24 Country — 25
Zip — 29 Country — 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	STEDEM, E. J., JR.	12 NAME	
STREET ADDRESS	17101 ROTUNDA DR, 5FL	13 STREET ADDRESS	
CITY ST ZIP	DEARBORN MI	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	ELY, R.A.	22 NAME	
STREET ADDRESS	150 S ESCONDIDO BLVD	23 STREET ADDRESS	
CITY ST ZIP	ESCONDIDO CA	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	MCLEROY, W.L.	32 NAME	
STREET ADDRESS	17101 ROTUNDA DR	33 STREET ADDRESS	
CITY ST ZIP	DEARBORN MI	34 CITY-ST-ZIP	
TITLE	VPC	41 TITLE	☐ Change ☐ Addition
NAME	PACKER, R. H.	42 NAME	
STREET ADDRESS	150 S ESCONDIDI BLVD.	43 STREET ADDRESS	
CITY ST ZIP	ESCONDIDO CA	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	GRANT, D. R.	52 NAME	
STREET ADDRESS	19855 W OUTER DR, 5TH FL	53 STREET ADDRESS	
CITY ST ZIP	DEARBORN MI	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HAUSMAN, J.C.	62 NAME	
STREET ADDRESS	THE AMERICAN RD WHQ 12FL	63 STREET ADDRESS	
CITY ST ZIP	DEARBORN MI	64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Russell H. Packer **Russell H. Packer** **Vice-President & Chief Financial Officer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 06/06/95
Daytime Phone #: 619- 737 7500

0163617 FN