

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified  
**02/26/1987**

3a. Date of Last Report  
**06/13/1995**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country  
25

29 Zip Country  
30

4. FFI Number  
**38-2703800**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature of Registered Agent (to be printed below)

Signature of Registered Agent (to be printed below)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	STEDEM, E. J., JR.	
STREET ADDRESS	17101 ROTUNDA DR, 5FL	
CITY-STATE-ZIP	DEARBORN MI	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ELY, R.A.	
STREET ADDRESS	150 S ESCONDIDO BLVD	
CITY-STATE-ZIP	ESCONDIDO CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCLEROY, W.L.	
STREET ADDRESS	17101 ROTUNDA DR	
CITY-STATE-ZIP	DEARBORN MI	
TITLE	VPC	<input type="checkbox"/> DELETE
NAME	PACKER, R. H.	
STREET ADDRESS	150 S ESCONDIDO BLVD.	
CITY-STATE-ZIP	ESCONDIDO CA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GRANT, D. R.	
STREET ADDRESS	19855 W OUTER DR, 5TH FL	
CITY-STATE-ZIP	DEARBORN MI	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAUSMAN, J.C.	
STREET ADDRESS	THE AMERICAN RD WHO 12FL	
CITY-STATE-ZIP	DEARBORN MI	

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
1. TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	C.J. Koreman	
3. STREET ADDRESS	19855 West Outer Dr., Garrison East	
4. CITY-STATE-ZIP	Dearborn, MI 48121	
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
1. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	800 La Terazza Ste. 300	
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
1. TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	J.F. Damron	
3. STREET ADDRESS	28333 Telegraph Road	
4. CITY-STATE-ZIP	Southfield, MI 48034	
1. TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	D.W. Springer	
3. STREET ADDRESS	28333 Telegraph Road	
4. CITY-STATE-ZIP	Southfield, MI 48034	

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)(k), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Russell H. Packer, Vice President & Chief Financial Officer

02/02/96 (610) 735-7500

CR2E034 (12/95)