

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P13381

(9)

1. Corporation Name

GEOMETRIC RESULTS INCORPORATED

Principal Place of Business

800 LA TERRAZA BLVD.  
SUITE 300  
ESCONDIDO CA 92025

Mailing Address

800 LA TERRAZA BLVD.  
SUITE 300  
ESCONDIDO CA 92025-3864



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		02/26/1987	02/20/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		38-2703800	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28			\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24	25	29	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	STEDEN, E. J., JR.	
STREET ADDRESS	17101 ROTUNDA DR, 5FL	
CITY-ST-ZIP	DEARBORN MI	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOREMAN, C J	
STREET ADDRESS	19855 WEST OUTER DRIVE, GARRISON EAST	
CITY-ST-ZIP	DEARBORN MI	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MCLEROY, W.L.	
STREET ADDRESS	17101 ROTUNDA DR	
CITY-ST-ZIP	DEARBORN MI	
TITLE	VPC	<input type="checkbox"/> DELETE
NAME	PACKER, R. H.	
STREET ADDRESS	800 LA TERRAZA, SUITE 300	
CITY-ST-ZIP	ESCONDIDO CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DAMRON, J F	
STREET ADDRESS	28333 TELEGRAPH ROAD	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SPRINGER, D W	
STREET ADDRESS	28333 TELEGRAPH ROAD	
CITY-ST-ZIP	SOUTHFIELD MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Chairman of the Board/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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, unchanged, or on an attachment with an address.

SIGNATURE:

*[Signature]*

5/2/97

CR2E034 (9/96)