

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 13, 1999 8:00 am**  
**Secretary of State**

08-13-1999 90010 003 \*\*\*550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P13381**

1. Corporation Name

**GEOMETRIC RESULTS INCORPORATED**

Principal Place of Business

300 LA TERRAZA BLVD.  
SUITE 300  
ESCONDIDO CA 92025

Mailing Address

275 REX BLVD  
GRI ACCOUNTS OAYABLE  
AUBURN MILLS MI 48326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1987

4. FEI 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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 275 Rex Blvd.

Suite, Apt. #, etc.

22 City & State  
23 Auburn Hills, MI

24 Zip 48326

Country

2a. Mailing Address

26 275 Rex Blvd.

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

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 D ☐ DELETE

NAME BILLIG, ERWIN H BILLIG

STREET ADDRESS 750 WALLACE

CITY-ST-ZIP BIRMINGHAM MI 48009

TITLE VPC ☐ DELETE

NAME PACKER, R. H.

STREET ADDRESS 800 LA TERRAZA, SUITE 300

CITY-ST-ZIP ESCONDIDO CA

TITLE P ☐ DELETE

NAME MILLER, RALPH L

STREET ADDRESS 603 PINE VALLEY WAY

CITY-ST-ZIP BLOOMFIELD HILLS MI 48302

TITLE AS ☐ DELETE

NAME DUTCHER, RANDY

STREET ADDRESS 12655 BUTTERWOOD CT

CITY-ST-ZIP POWAY CA 92264

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE D, VP, S, T ☒ Change ☐ Addition

2.2 NAME Frederick K. Minturn

2.3 STREET ADDRESS 50 Renaud

2.4 CITY-ST-ZIP Grosse Pointe Shores, MI 48236

3.1 TITLE P, D ☒ Change ☐ Addition

3.2 NAME Roger Fridholm

3.3 STREET ADDRESS 15840 Lakeview Ct.

3.4 CITY-ST-ZIP Grosse Pte., MI 48230

4.1 TITLE AS ☒ Change ☐ Addition

4.2 NAME Carol Creel

4.3 STREET ADDRESS 111 Royal Ave.

4.4 CITY-ST-ZIP Royal Oak, MI 48073

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

*(Signature Required)*

7-23-99

248-799-1023

CR2E034 (5/99)