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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P14136** (6)

1. Corporation Name
ADVANCED SCIENCES, INC.

Principal Place of Business Mailing Address

**6739 ACADEMY ROAD NE
ALBUQUERQUE NM 87109-3345** **6739 ACADEMY ROAD NE
ALBUQUERQUE NM 87109-3345**

800001433368
-05/11/95--01029--006
****400.00 ****200.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/22/1987	02/02/1994
Suite, Apt # etc		Suite, Apt # etc		4. FEI Number	Applied For
22		27		85-0255107	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
24		25		6. Election Campaign Financing Trust Fund Contribution	
29		30		<input type="checkbox"/>	

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

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 current or former registered agent and the # associated) DATE _____ (Date of signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLEIWEIS, PAUL B	12 NAME	
STREET ADDRESS	6739 ACADEMY ROAD NE	13 STREET ADDRESS	
CITY, ST, ZIP	ALBUQUERQUE NM	14 CITY, ST, ZIP	
TITLE	EVP	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARROD, PETER E	22 NAME	
STREET ADDRESS	6739 ACADEMY ROAD NE	23 STREET ADDRESS	
CITY, ST, ZIP	ALBUQUERQUE NM	24 CITY, ST, ZIP	
TITLE	SCVP	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, GEORGE D	32 NAME	
STREET ADDRESS	6739 ACADEMY ROAD NE	33 STREET ADDRESS	
CITY, ST, ZIP	ALBUQUERQUE NM	34 CITY, ST, ZIP	
TITLE	S	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMERO, CAYETANNA	42 NAME	
STREET ADDRESS	6739 ACADEMY ROAD NE	43 STREET ADDRESS	
CITY, ST, ZIP	ALBUQUERQUE NM	44 CITY, ST, ZIP	
TITLE	T	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMERO, STEVEN	52 NAME	
STREET ADDRESS	6739 ACADEMY ROAD NE	53 STREET ADDRESS	
CITY, ST, ZIP	ALBUQUERQUE NM	54 CITY, ST, ZIP	
TITLE	COB	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMERO, ED L	62 NAME	
STREET ADDRESS	6739 ACADEMY ROAD NE	63 STREET ADDRESS	
CITY, ST, ZIP	ALBUQUERQUE NM	64 CITY, ST, ZIP	

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 110.07(3)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes in an attachment with an address.

SIGNATURE _____ James A. Griffin, CFO 4/25/95 (505) 828-0959
SECRETARY OF STATE
 Peter E. Harrod, EVP 5/16/95 (505) 828-0959

REMITTED BY MAY 1

DEPOSITED BY BANK