

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90296 002 ***158.75

DOCUMENT # P15016

1. Entity Name
LABORATORY BUILDING DESIGNERS, LTD., INC.

Principal Place of Business Mailing Address
5348 CARROLL CANYON ROAD 5348 CARROLL CANYON ROAD
SAN DIEGO CA 92121-1797 SAN DIEGO CA 92121-1797
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **95-2407407** Applied For Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | BROGAN, DANIEL P. | |
| STREET ADDRESS | 5348 CARROLL CANYON RD | |
| CITY-ST-ZIP | SAN DIEGO CA 92121 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MICHALOWSKI, NED A | |
| STREET ADDRESS | 5348 CARROLL CANYON RD. | |
| CITY-ST-ZIP | SAN DIEGO CA 92121 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LIDL, ERICH J | |
| STREET ADDRESS | 5348 CARROLL CANYON RD. | |
| CITY-ST-ZIP | SAN DIEGO CA 92121 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SOMIN, MICHAEL | |
| STREET ADDRESS | 5348 CARROLL CANYON RD. | |
| CITY-ST-ZIP | SAN DIEGO CA | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LINDNER, ULRICH | |
| STREET ADDRESS | 5348 CARROLL CANYON RD. | |
| CITY-ST-ZIP | SAN DIEGO CA | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LINDER, SCOTT | |
| STREET ADDRESS | 5348 CARROLL CANYON | |
| CITY-ST-ZIP | SAN DIEGO CA 92121 | |

| | | |
|----------------|--------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Kenneth DeBoer | |
| STREET ADDRESS | 5348 Carroll Canyon Rd. | |
| CITY-ST-ZIP | San Diego, CA 92121 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Richard Kalish | |
| STREET ADDRESS | 5348 Carroll Canyon Rd. | |
| CITY-ST-ZIP | San Diego, CA 92121 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ted Odwazny | |
| STREET ADDRESS | 5348 Carroll Canyon Rd. | |
| CITY-ST-ZIP | San Diego, CA 92121 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Gerald Whitney | |
| STREET ADDRESS | 5348 Carroll Canyon Rd. | |
| CITY-ST-ZIP | San Diego, CA 92121 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Douglas Livingston | |
| STREET ADDRESS | 5348 Carroll Canyon Rd. | |
| CITY-ST-ZIP | San Diego, CA 92121 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like employment.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02 858-457-2400
 Date Daytime Phone #

CR2E034 (9/01)