

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90200 004 ***158.75

UBR1445

DOCUMENT # P27609

1. Entity Name
HSI GEOTRANS, INC.

Principal Place of Business
670 NORTH ROSEMEAD BLVD.
ATTN: KELLY MCMILLIN
PASADENA CA 91107
US

Mailing Address
670 NORTH ROSEMEAD BLVD.
ATTN: KELLY MCMILLIN
PASADENA CA 91107
US

00053451



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-1120716**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 **PO** Delete
 NAME **MERCER, JAMES W**
 STREET ADDRESS **11373 SENECA KNOLL DR.**
 CITY-ST-ZIP **GREAT FALLS VA 22066**

TITLE **EVP, S, D** Change Addition
 NAME **MERCER, JAMES W**

TITLE **VA** Delete
 NAME **GUSWA, JOHN H**
 STREET ADDRESS **8 OLD MEADOW LANE**
 CITY-ST-ZIP **HARVARD MA 01451**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STP** Delete
 NAME **FAUST, CHARLES R.**
 STREET ADDRESS **219 BRECKENRIDGE DR**
 CITY-ST-ZIP **WINCHESTER VA 22061**

TITLE **P, D** Change Addition
 NAME **FAUST, CHARLES R**

TITLE **VA** Delete
 NAME **WADDELL, RICHARD K.**
 STREET ADDRESS **4950 LEE HILL RD.**
 CITY-ST-ZIP **BOULDER CO 80304**

TITLE **V/AS** Change Addition
 NAME **RICHARD A. LEMMON**
 STREET ADDRESS **670 N. ROSEMEAD BULD**
 CITY-ST-ZIP **PASADENA CA 91107**

TITLE **D** Delete
 NAME **HWANG, LI-SAN**
 STREET ADDRESS **630 NORTH ROSEMEAD BLVD.**
 CITY-ST-ZIP **PASADENA CA**

TITLE **V/AT** Change Addition
 NAME **JAMES M. JASKA**
 STREET ADDRESS **670 N. ROSEMEAD BULD**
 CITY-ST-ZIP **PASADENA CA 91107**

TITLE **VT** Delete
 NAME **ALBER, MICHELLE**
 STREET ADDRESS **46050 MANEKIN PLAZA**
 CITY-ST-ZIP **STERLING VA 20166**

TITLE Change 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 empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD A. LEMMON **5-2-01** **626-851-4664**
 VP/AS Date Daytime Phone # **x404**

CR2E034 (10/00)