FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 AM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P27649 (3)

1. Corporation Name
OWL INTERNATIONAL INC.

Principal Place of Business	Mailing Address
2420 CAMINO RAMON SUITE 236 SAN RAMON CA 94583	2420 CAMINO RAMON SUITE 236 SAN RAMON CA 94583

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/08/1990**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **33-0296831** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PFEIFFER, GAYLE H
985 SOUTH PATRICK DR
MAYPORT NAVSTA
PATRICK AIR FORCE BASE FL 32925

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	GEESEY, EDWIN P	1.2 NAME	
STREET ADDRESS	1850 CENTENNIAL PARK DR - STE 400	1.3 STREET ADDRESS	
CITY-ST-ZIP	RESTON VA	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	CHAMBERS, GREGORY P	2.2 NAME	
STREET ADDRESS	2465 CAMPUS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	2.4 CITY-ST-ZIP	
TITLE	VTD	3.1 TITLE	☐ Change ☐ Addition
NAME	THRAPP, GARY J	3.2 NAME	
STREET ADDRESS	2420 CAMINO RAMON - STE 236	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN RAMON CA	3.4 CITY-ST-ZIP	
TITLE	CDS	4.1 TITLE	☐ Change ☐ Addition
NAME	LAMB, CHARLES W	4.2 NAME	
STREET ADDRESS	2420 CAMINO RAMON #236	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN RAMON CA	4.4 CITY-ST-ZIP	
TITLE	CS	5.1 TITLE	☐ Change ☐ Addition
NAME	BURDEN, GREGORY J	5.2 NAME	
STREET ADDRESS	2465 CAMPUS DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	V ☐ Change ☒ Addition
NAME	MORENA, JAMES J	6.2 NAME	SCHULTZ, CHARLES W.
STREET ADDRESS	2420 CAMINO ROMAM, STE 236	6.3 STREET ADDRESS	1850 CENTENNIAL PARK DR - STE 400
CITY-ST-ZIP	SAN RAMON CA	6.4 CITY-ST-ZIP	RESTON VA

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 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: J. J. Morena _____ 4/10/95 (510) 275-9010
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C491P99 FP