

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jul 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **P27649** (3)
1. Corporation Name
OWL INTERNATIONAL INC.

Principal Place of Business 2420 CAMINO RAMON SUITE 236 SAN RAMON CA 94583	Mailing Address 2420 CAMINO RAMON SUITE 236 SAN RAMON CA 94583-4207
--	---

3. Date Incorporated or Qualified 01/08/1990	3a. Date of Last Report 03/29/1996
4. FEI Number 33-0296831	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

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	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	V <input type="checkbox"/> DELETE
NAME	GEESEY, EDWIN P
STREET ADDRESS	1850 CENTENNIAL PARK DR - STE 400
CITY - ST - ZIP	RESTON VA
TITLE	STD <input type="checkbox"/> DELETE
NAME	CHAMBERS, GREGORY P
STREET ADDRESS	2485 CAMPUS DR
CITY - ST - ZIP	IRVINE CA
TITLE	VTD <input type="checkbox"/> DELETE
NAME	THRAPP, GARY J
STREET ADDRESS	2420 CAMINO RAMON - STE 236
CITY - ST - ZIP	SAN RAMON CA
TITLE	CDS <input type="checkbox"/> DELETE
NAME	LAMB, CHARLES W
STREET ADDRESS	2420 CAMINO RAMON #236
CITY - ST - ZIP	SAN RAMON CA
TITLE	CS <input type="checkbox"/> DELETE
NAME	BURDEN, GREGORY J
STREET ADDRESS	2485 CAMPUS DR
CITY - ST - ZIP	IRVINE CA
TITLE	V <input type="checkbox"/> DELETE
NAME	SCHULTZ, CHARLES W
STREET ADDRESS	1850 CENTENNIAL PARK DR, SUITE 400
CITY - ST - ZIP	RESTON VA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	V. MORENA, JAMES J.
1.3 STREET ADDRESS	2420 CAMINO RAMON - STE 236
1.4 CITY - ST - ZIP	SAN RAMON, CA
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DELETE
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CSP
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VD
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:

GARY J. THRAPP 7/15/97 (510) 275-9010

CR2E034 (9/96)