

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

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P29747 (3)

1. Corporation Name  
JACOBS APPLIED TECHNOLOGY, INC.

Principal Place of Business

251 SOUTH LAKE AVE  
PASADENA CA 91101-0063

Mailing Address

251 SOUTH LAKE AVE  
PASADENA CA 91101-3063  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1990

4. FEI Number

95-4272426

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☒

No

2. Principal Place of Business  
21 1111 S. Arroyo Parkway

2a. Mailing Address  
25 P.O. Box 7084

22 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

Pasadena, CA

27 City & State

Pasadena, CA

24 Zip

91105

25 Country

USA

28 Zip

91109-7084

30 Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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	8	<input type="checkbox"/> DELETE
NAME	MARKLEY, WILLIAM C III	
STREET ADDRESS	251 S LAKE AVE	
CITY-ST-ZIP	PASADENA CA	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BROCK, JERRY D	
STREET ADDRESS	1525 CHARLESTON HWY	
CITY-ST-ZIP	ORANGEBURG SC	

TITLE	Y	<input type="checkbox"/> DELETE
NAME	PROSSER, JOHN W. JR.	
STREET ADDRESS	251 S. LAKE AVEN.	
CITY-ST-ZIP	PASADENA CA	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WATSON, NOEL G	
STREET ADDRESS	251 S LAKE AVE	
CITY-ST-ZIP	PASADENA CA	

TITLE	D	<input type="checkbox"/> DELETE
NAME	KERLER, WILLIAM R	
STREET ADDRESS	251 S. LAKE AVE	
CITY-ST-ZIP	PASADENA CA	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ADCOX, ALLEN L	
STREET ADDRESS	1525 CHARLESTON HWY	
CITY-ST-ZIP	ORANGEBURG SC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1111 S. Arroyo Parkway
1.4 CITY-ST-ZIP	Pasadena, CA 91105

2.1 TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	T. Gene Cribb	
2.3 STREET ADDRESS	1525 Charleston Highway	
2.4 CITY-ST-ZIP	Orangeburg, SC 29116	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1111 S. Arroyo Parkway
3.4 CITY-ST-ZIP	Pasadena, CA 91105

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1111 S. Arroyo Parkway
4.4 CITY-ST-ZIP	Pasadena, CA 91105

5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	1111 S. Arroyo Parkway
5.4 CITY-ST-ZIP	Pasadena, CA 91105

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:



John W. Prosser, Jr.

4/28/98

(626) 578-3500

CP2E034 (10/97)