SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P33117** **(3)**

1. Corporation Name
TRACER RESEARCH CORPORATION

Principal Place of Business	Mailing Address
755 N. BUSINESS CENTER DRIVE TUCSON AZ 85705	3755 N. BUSINESS CENTER DR. TUCSON AZ 85705 US

3. Date Incorporated or Qualified: 03/12/1991
3a. Date of Last Report: 10/03/1995

2. Principal Place of Business 21: 3755 N Business Center Dr.	2a. Mailing Address 26:
Suite, Apt. #, etc 22:	Suite, Apt. #, etc 27:
City & State 23:	City & State 28:
Zip 24 / Country 25:	Zip 29 / Country 30:

4. FEI Number: 86-0476830 ☐ 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

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

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 _____ (Signature, type and print name of current registered agent and title, if applicable) (NOTE: Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, GLENN, PH.D		1.2 NAME	
STREET ADDRESS	3755 N BUSINESS CENTER		1.3 STREET ADDRESS	
CITY-ST-ZIP	TUCSON AZ		1.4 CITY-ST-ZIP	
TITLE	VCD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MARTY, SHANNAN		2.2 NAME	
STREET ADDRESS	3755 N BUSINESS CENTER		2.3 STREET ADDRESS	
CITY-ST-ZIP	TUCSON AZ		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MARTY, SHANNAN		3.2 NAME	
STREET ADDRESS	3755 N BUSINESS CENTER		3.3 STREET ADDRESS	
CITY-ST-ZIP	TUCSON AZ		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, DAN		4.2 NAME	
STREET ADDRESS	3755 N BUSINESS CENTER		4.3 STREET ADDRESS	
CITY-ST-ZIP	TUCSON AZ		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report or on an attachment with an address.

SIGNATURE: Kenneth A. McLemore 6/7/96 (520) 888-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #