

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P36362

1. Entity Name
SYSTEMS ENGINEERING & MANAGEMENT COMPANY



Principal Place of Business

**1430 VANTAGE COURT
VISTA, CA 92087-8596**

Mailing Address

**1430 VANTAGE COURT
VISTA, CA 92087-8596 US**



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0066934

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | CP |
| NAME | TINCUP, WILLIAM M. |
| STREET ADDRESS | 3604 CORTE CASTILLO |
| CITY- ST- ZIP | CARLSBAD, CA 92009 |
| TITLE | DSTV |
| NAME | TINCUP, KAREN J. |
| STREET ADDRESS | 3604 CORTE CASTILLO |
| CITY- ST- ZIP | CARLSBAD, CA 92009 |
| TITLE | V |
| NAME | KINCADE, ROBERT S |
| STREET ADDRESS | 6760 LONICERA STREET |
| CITY- ST- ZIP | CARLSBAD, CA 92009 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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03/06/07-80055-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

KAREN J. TINCUP

SIGNATURE:

Karen J. Tincup
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE-PRESIDENT, FINANCE & ADMIN.

2/22/07 760-727-7800
Date Daytime Phone #
X151