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*PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOC

1. Corporatio	MP TECHNOLOGY, INC.	5									
Principal Place of Business Mailing Address						_	1 (4 (1 (1 (1)	18 18110 11008 11101 0111	Billin Billin Billin		DIT ÆFERI TØDT
2411 W. LAPAL ANAHEIM CA S	LMA AVE.	2411 W. LAPALMA AVE. ANAHEIM CA 92801				D	O NOT WRITE IN	THIS SPAC	E		
							3. Date Incorporated	or Qualifed			
							06/09/1992			TA	U- 1 F
	Place of Business	2a. Mailing Address				4. FEI Number Applied			Applicable		
21		26	Doite Ant Hosto				06-0888312		¢o		ditional
Suite, Apt.			Suite, Apt. #, etc.				5. Certificate of Statu	s Desired 🔲		ee Req	
22		27	Cib. 9 State				A 51 11 0	- -			
City & Stat	t e	<u> </u>	City & State				6. Election Campaign Trust Fund Contril	- 1		5.00 M	
23	28			Country							1 663
Zip	Country	— · — —			,		8. This corporation of Personal Property	_	ear intangible Ye∏		□No
24	25	29		50			10. Name and Addre	se of New Regie			
	9. Name and Address of Cur	rent Regist	erea Agent	81	Na	me	10. Name and Addre	as of New Negra	teres regunt		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD.					Str	eet Addr	ess (P.O. Box Number is	Not Acceptable)			
PŁA	NTATION FL 33324			83	+			 .			
				84	Cit	у			FL 85	Zip Co	ode
l office or i	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florid	a. Such change was aut	nonzea by	tne c	ned corp corporation	oration submits this state on's board of directors. I l	ment for the purpo nereby accept the	see of changi	ng its regi	egistered istered
SIGNATURE											
	Signature, typed or printed name of registered				nt signa	ture require	d when reinstating) ADDITIONS/CHAN		ATE AND DID	ECTO	2C IN 12
12.	OFFICERS	AND DIRE	CIORS TO DELETE	13.							Addition
TITLE	PCEO		□ DECE IE	1.1 TITLE			HIBF EXECU-	TIVE OFF	COSC MAN	unge	
NAME	BATTERTON, JOHN C			1.2 NAME		_	-411 LU LA		Some		
STREET ADDRESS	1 =			1.3 STREE							
CITY-ST-ZIP	ANAHEIM CA		No per err	1.4 CITY-5	ST-ZIP		WAHEIM	CA 763	<u>(U/</u> □Ch		☐ Addition
TITLE	Ţ		X) DELETE	2.1 TITLE						ange	
NAME	WATSON, ROBERT		22 NAME								
STREET ADDRESS	<u> </u>		2 3 STREET ADDRESS		RESS						
CITY-ST-ZIP	ANAHEIM CA			2. 4 CITY-	ST-ZIP						
TITLE	VPC		☐ DELETE	3.1 TITLE					□ Ct	ange	☐ Addition
NAME	LOBERG, PHILIP W JR			3.2 NAME							
STREET ADDRESS	2411 W LA PALMA AVE			3.3 STREE	T ADDR	RESS					
CITY-ST-ZIP	ANAHEIM CA			3.4. CITY-	ST-ZIP						
TITLE	S		DELETE	4.1 TITLE					□ CI	ange	☐ Addition
NAME	PORTER, WILLIAM F JR.		<i>(</i> *	4. 2 NAME							
STREET ADDRESS				4.3 STREE	T ADDF	RESS					

CITY-ST-ZIP 14. 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 person of 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 or an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

CFO

JOHN J. MILLERICK

ANAHEIM, CA 92801

2411 W. LA PALMA AVE.

4.4 CITY-ST-ZIP

5 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

ANAHEIM CA

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

Daytime Phone #

Change

Change

Addition

Addition