FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1	9	9	6	
 				•

P95000036425 (3)

	OCUN Corporation	NENT	# P9500	000	36425 (3)						
'' '		LOR, INC)		·	•						
Prin	cipal Place	of Business		M	ailing Address							
		ARCH BLVD.			13809 RESEARCH E	BLVD.						
	SUITE 1000 Austin TX 7	78750			SUITE 1000 AUSTIN TX 78750							
										3. Date Incorporated or Qualified 05/05/1995	3a. Date of La	ast Report
2. F 21	Principal Plac	ce of Busines	SS	2a.	Mailing Address					4. FEI Number 74-2754854	1	Applied For
	Suite, Apt. #	, etc.			Suite, Apt. #, etc.					Certificate of Status Desired	1 1	Not Applicable 3.75 Additional
	City & State	27					6. Election Campaign Financing		Fee Required 5.00 May Be			
23	? ip		Country	28	Zip		Country			Trust Fund Contribution		Added to Fees
24			25	29	•	30	20amiy	,		8. This corporation has liability for in Florida Statutes Yes	ntangible tax und	ler s 199.032,
		9. Name a	and Address of Currer	nt Regis	lered Agent		0.1	1 7		10. Name and Address of New Re	egistered Agen	t
!	GRAVIN	a, peter .	ı				81	L	lame			
	1833 HE	ENDRY ST.					82	S	treet Addres	s (P.O. Box Number is Not Acceptable	e)	
	FT. MYE	RS FL 339	01				83					
							84	c	ity		gg 85	Zip Code
11.	Pursuant to	the provision	ns of Sections 607,0502	and EO	7.1508, Florida Statu	tes, the	above-r	nam	ed corporati	ion submits this statement for the pure	FL pose of changing	its registered office
	or registered familiar with	d agent, or b i, and accept	oth, in the State of Flori the obligations of, Sect	da. Such lion 607.	i change was authori 0505, Florida Statute	zed by th s.	ie corp	orat	tion's board	ion submits this statement for the purp of directors. I hereby accept the appo	intment as regisi	lered agent. I am
	NATURE		printed name of registered agent									
12.			OFFICERS AN				3.	rt sign	nature required w	ADDITIONS/CHANGES TO OFFIC	DATE DERS AND DIRE	CTORS IN 12
TITLE		PD			DELETE	1	. 1 TITLE				Cna	
NAME	1		WILLIAM B			1	2 NAME					
	ST-ZIP		RESEARCH BLVD. TX 78750				3 STREET		i			
TITLE		VD			DELETE		4 CITY - S 1 TITLE) I - ZII	r		☐ Cha	nge
NAME			, gary f				2 NAME					ingo [] Addition
	T ADDRESS		RESEARCH BLVD.			2	3 STREFT	ADDA	RESS			
DITY-	ST · ZIP		TX 78750		ET) pro sas		4 CITY - S	5T - 71 ²	p	7/11/4/1	·	
NAME	l	OV SINNA	PHILIP H		DEFELE	1	1 THE		ļ		Cha	nge 🔲 Addition
	T ADDRESS	_	RESEARCH BLVD.				2 NAME 3. Street	LYDD	ntee	. •		
	ST-ZIP		TX 78750				a. arncer 4 CHY+S'		i			
TITLE		STD			DELETE		1 TITLE	71 2.11			Cha	nge [] Addition
NAME			R. MICHAEL			4.	2 NAME					
	TADDRESS		ESEARCH BLVD.			4.	3 STREET	ADDE	RESS			
TITLE	S1 - ZIP	AUSTIN	TX 78750	··	DELFTE	~	4 CITY - ST	T-ZIP	·			
NAME							1 TITLE 2 NAME				☐ Cha	nge 🔲 Addition
	T ADDRESS						STREET.	ADDE	RESS			
CITY-	ST-ZIP						4 CH Y - S1					
TITLE					DELETE		1 TIFLE				☐ Cha	nge 🔲 Addition
NAME							2 NAME					
	T ADDRESS						3 STREET					
14. I	do hereby	certify that th	ie information supplied v	with this	filing is voluntari'v fur	aichad ar	4 CITY - SI nd does	- no:	t ourolification t	the exemption stated in Section 119.0	7/31/L) Florida O	totutos I further
										rne exemption stated in Section 119.0 and that my signature shall have the s aport as required by Chapter 607, Flor		
ŧ	appears in E	Block 12 or B	lock 13 if changed, or o	n an atta	achment with an add	ress	NO SO N	O EX	COURT DIST	oport as required by Chapter 607, Flor	iua Statutes; and	u triat my name
SIC	GNATU	IRF.	Mill		/					5/2/01 -	0,1/220	n 6677
J.(GNATURE AND TYPED OR	PRINTED	NAME OF SIGNING OFFIC	ER OR DIR	ECTOR			Date	Daytime P	bone #