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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90100 045 ***158.75

DOCUMENT # V29683	DOC!	JMENT	# \	/29683
--------------------------	------	--------------	-----	--------

1. Corporation Name	V 23000
MERITUS RESEARCH	CORPORATION

Delegation I December 1	Mailing Address			
Principal Place of Business 25-H BEACH ROAD	25-H BEACH ROA	D		
BELVEDERE CA 94920 US	BELVEDERE CA 9 US	4920	DO NOT WRITE IN TH	S SPACE
•			3. Date Incorporated or Qualifed 04/20/1992	
2. Principal Place of Business	2a. Mailing Addre	ess	4. FEI Number	Aprilled For
21	26		65-0325912	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #,	etc.	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Cour try 24 25	Zìp	Country 30	This corporation owes the current year Persor al Property Tax.	ntangible ☐ Yes ばN o
9. Name and Address of Cur		1001	10. Name and Address of New Registere	d Agent
CORPORATION COMPANY OF MI 201 S. BISCAYNE BLVD. 1600 MIAMI CENTER MIAMI FL 33131		81 Name 82 Street A 83	c dress (P.O. Box Number is Not Acceptable)	
MIMMITE SOIST		24 27		ge Zin Cade

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 clirectors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATU		г
SIGNALL	ידוו	

SIGNATURE	Signature, typed or printed naine of registered agent	and title if applicable. (NOT :: F	Registered Agent signature required	d when reinstating) DATE	—)
12.			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE	D	DELETE	1.1 TITLE	Change	☐ Addition
NAME	KLINGLER, ALEXANDRA		1.2 NAME		ļ
STREET ADDRESS	25-H BEACH ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	BELVEDERE CA 94920		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	HAMLYN, STUART		2.2 NAME		
STREET ADDRESS	25-H BEACH ROAD		2.3 \$TREET ADDRESS		
CITY-ST-ZIP	BELVEDERE CA 94920		2. 4 CITY-ST-ZIP		
TITLE .		☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP	_		3 4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRE 3S			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE	☐ Change	☐ Addition
NAME			52 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 ADDRE 3S			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Notice 440 D7(D)(I) Floride Clet. to 1 forther and if that the in	

14. Thereby 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 recuired 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, with all other like empowered.

SIGNATURE:

NO TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR