

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90523 001 \*\*\*\*35.00  
 04-18-2002 90523 002 \*\*\*150.00

DOCUMENT # **F00000003143** *(Am)*  
 1. Entity Name  
~~KIRBY MORGAN DIVE SYSTEMS, INC.~~ *NIC NOT Filed*  
**MORGAN DIVING CORP.**

Principal Place of Business  
**425 GARDEN ST.**  
**SANTA BARBARA CA 93101**

Mailing Address  
**425 GARDEN ST.**  
**SANTA BARBARA CA 93101**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **77-0527277**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**TURBEVILLE, WILLIAM J**  
**750 S. DIXIE HWY**  
**BOCA RATON FL 33432**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MORGAN, CONNIE LYN</b>	
STREET ADDRESS	<b>425 GARDEN ST.</b>	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93101</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>BERGAN, BEVERLY</b>	
STREET ADDRESS	<b>425 GARDEN ST.</b>	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93101</b>	
TITLE	<b>STC</b>	<input type="checkbox"/> Delete
NAME	<b>MORGAN, WILLIAM B</b>	
STREET ADDRESS	<b>425 GARDEN ST.</b>	
CITY-ST-ZIP	<b>SANTA BARBARA CA 93101</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Connie L. Morgan* **Connie L. Morgan** 4/4/02 805 965-8538  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

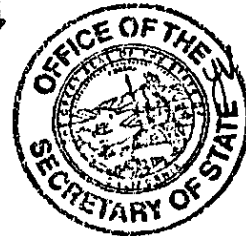
CR2E034 (9/01)

A0575501

Attachment

COPY

# F00000003143



**SECRETARY OF STATE**

I, *BILL JONES*, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.

**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of

JAN 18 2002

*Bill Jones*

Secretary of State



Attachment #A0575501

# F000000 3143

**CERTIFICATE OF AMENDMENT**

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

**OF**

**JAN 14 2002**

**ARTICLES OF INCORPORATION**

**BILL JONES, Secretary of State**

**CONNIE L. MORGAN** hereby certifies that:

1. She is the President and the Secretary of **KIRBY MORGAN DIVE SYSTEMS**, a California corporation (the "Corporation").
2. Article **FIRST** of the Articles of Incorporation of this Corporation is hereby amended to read as follows:  
  
"**FIRST**: The name of the corporation is **MORGAN DIVING CORP.**"
3. The foregoing amendment of Articles of Incorporation has been duly approved by the Board of Directors.
4. The foregoing amendment of Articles of Incorporation has been duly approved by the required vote of shareholders in accordance with Section 902 of the Corporations Code. The total number of outstanding shares of the Corporation is 10,000. The number of shares voting in favor of the amendment equaled or exceeded the vote required. The percentage vote required was more than 50%.

I further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

**DATE:** December 31, 2001

*Connie L. Morgan*  
\_\_\_\_\_  
Connie L. Morgan, President and Secretary

