

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90180 035 ***150.00

DOCUMENT # F93000003287

1. Entity Name
MADISON RESEARCH CORPORATION



Principal Place of Business
**401 WYNN DRIVE
HUNTSVILLE AL 35805
US**

Mailing Address
**401 WYNN DRIVE
HUNTSVILLE AL 35805
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-0934056

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOWNSEND, JOHN G
275 ECHO CIRCLE
PSCN BLDG. M6-39
FT WALTON BEACH FL 32548**

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **STALLWORTH, JOHN L**
CITY-ST-ZIP **695 DUG HILL RD.
BROWNSBORO AL 35741**

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **Jeff Wilkins**
CITY-ST-ZIP **709 Owens Dr. SE
Huntsville, AL 35801**

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **STALLWORTH, FLORASTEIN**
CITY-ST-ZIP **695 DUG HILL ROAD
BROWNSBORO AL 35741**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeffery Wilkins
JEFFERY WILKINS, CFO

Date

Daytime Phone #

3-17-03
256-864-7200

CR2E034 (10/02)