

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10: 01

DOCUMENT # **839900** (8)
1. Corporation Name
DIVERSIFIED ELECTRONICS, INC. LEESBURG FACILITY

Principal Place of Business: **1321 EDGAR ST. EVANSVILLE IN 47710**
Mailing Address: **1321 EDGAR ST. EVANSVILLE IN 47710**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/25/1978**
3a. Date of Last Report: **04/08/1994**

2. Principal Place of Business:		2a. Mailing Address:	
21 State, Apt. #, etc.	26 State, Apt. #, etc.	22 City & State	27 City & State
23 Zip	29 Country	24 Zip	30 Country

4. FEI Number 35-1134990	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WALLACE, GLYNN
320 EAST MAIN STREET
LEESBURG FL 32748**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

SIGNATURE: _____ (Signature, typed or printed name of registered agent and the fee (cash)) (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS	
NAME	D SLAUGHTER, MARGARET S
STREET ADDRESS	622 COLLEGE HWY
CITY, ST, ZIP	EVANSVILLE, IN 00000
TITLE	CDT
NAME	STONE, JACK A
STREET ADDRESS	1402 OLD NATL BANK BLDG
CITY, ST, ZIP	EVANSVILLE, IN 00000
TITLE	VD
NAME	ERICKSON, JAMES R
STREET ADDRESS	1027 OAK HILL AVE
CITY, ST, ZIP	JANESVILLE, WIS 00000
TITLE	SD
NAME	KECK, DAVID M
STREET ADDRESS	1402 OLD NAT BANK
CITY, ST, ZIP	EVANSVILLE, IN 00000
TITLE	D
NAME	MOREHOUSE, ROBERT H
STREET ADDRESS	11801 BROWNING RD
CITY, ST, ZIP	EVANSVILLE, IN 00000
TITLE	PD
NAME	TORIAN, PAUL T.
STREET ADDRESS	800 SUNSET
CITY, ST, ZIP	EVANSVILLE IN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	See attached Exhibit A
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 190.02(3)(b), Florida Statutes. I further certify that the information included 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 of the record or a person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Jack A. Stone*
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER ON DIRECTOR
JACK A. Stone, Chairman

February 14, 1995 (812) 423-2045

DIVERSIFIED ELECTRONICS, INC.
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FLORIDA DEPARTMENT OF STATE

ITEM 12

Officers and Directors
Diversified Electronics, Inc.

Jack A. Stone	CH/D/T	1400 Old Natl. Bank Bldg.	Evansville, IN
Robert H. Morehouse	D	11801 Browning Rd.	Evansville, IN
Paul T. Torian	P/D	800 Sunset	Evansville, IN
James R. Erickson	VP/D	1027 Oak Hill Ave.	Janesville, WI
David M. Keck	S/D	1402 Old Natl. Bank Bldg.	Evansville, IN
Dorothy W. Stone	AT/D	1400 Old Natl. Bank Bldg.	Evansville, IN
Karen Williams	AS	1321 Edgar St.	Evansville, IN
Margaret S. Slaughter	D	622 College Hwy.	Evansville, IN
Jack A. Stone, Jr.	D	903 Malcolm Dr.	Silver Springs, MD
James W. Stone	D	330 49th St.	Oakland, CA
Robert C. Stone	D	3001 E. Bethel Lane	Bloomington, IN
Merle H. Gould	D	5844 Stacer Rd.	Newburgh, IN

EXHIBIT A