

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

**FILED**  
**Apr 29 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 839900 (8)**  
 1. Corporation Name  
**DIVERSIFIED ELECTRONICS, INC. LEESBURG FACILITY**



Principal Place of Business <b>1321 EDGAR ST. EVANSVILLE IN 47710</b>	Mailing Address <b>1321 EDGAR ST. EVANSVILLE IN 47710</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/25/1978</b>	
21 Suite, Apt. #, etc.	26	22	27	4. FEI Number <b>35-1134990</b>	Applied For <input type="checkbox"/> Not Applicable
23 City & State	28	24 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
25	30	26	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**WALLACE, GLYNN**  
**1511 EAST MAIN ST**  
**LEESBURG FL 32748**

81 Name  
**R. Dewey Burnsed**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1100 Main Street, Suite 211**

83

84 City  
**Lady Lake** **FL** 85 Zip Code  
**32159**

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]* **R. Dewey Burnsed** **4/20/98**  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CDT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STONE, JACK A</b>	1.2 NAME	<b>Margaret S. Slaughter</b>
STREET ADDRESS	<b>1400 OLD NAT'L BANK BLDG.</b>	1.3 STREET ADDRESS	<b>622 College Highway</b>
CITY-ST-ZIP	<b>EVANSVILLE IN</b>	1.4 CITY-ST-ZIP	<b>Evansville, IN 47714</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAMS, KAREN</b>	2.2 NAME	<b>Jack A. Stone, Jr.</b>
STREET ADDRESS	<b>1321 EDGAR ST</b>	2.3 STREET ADDRESS	<b>903 Malcolm Drive</b>
CITY-ST-ZIP	<b>EVANSVILLE IN</b>	2.4 CITY-ST-ZIP	<b>Silver Springs, MD 20901</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TORIAN, PAUL T</b>	3.2 NAME	<b>James W. Stone</b>
STREET ADDRESS	<b>800 SUNSET</b>	3.3 STREET ADDRESS	<b>c/o 1400 Old National Bank Bldg.</b>
CITY-ST-ZIP	<b>JANESVILLE, WIS 00000</b>	3.4 CITY-ST-ZIP	<b>Evansville, IN 47708</b>
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ERICKSON, JAMES R</b>	4.2 NAME	<b>Robert C. Stone</b>
STREET ADDRESS	<b>1027 OAK HILL AVE</b>	4.3 STREET ADDRESS	<b>3001 E. Bethel Lane</b>
CITY-ST-ZIP	<b>JANESVILLE WI</b>	4.4 CITY-ST-ZIP	<b>Bloomington, IN 47408</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>DS</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KECK, DAVID M</b>	5.2 NAME	<b>Merle H. Gould</b>
STREET ADDRESS	<b>1402 OLD NAT'L BANK BLDG.</b>	5.3 STREET ADDRESS	<b>5844 Stacer Road</b>
CITY-ST-ZIP	<b>EVANSVILLE, IN 00000</b>	5.4 CITY-ST-ZIP	<b>Newburgh, IN 47630</b>
TITLE	<b>ATD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STONE, DOROTHY W</b>	6.2 NAME	<b>Andrew N. Erickson</b>
STREET ADDRESS	<b>1400 OLD NAT'L BANK BLDG.</b>	6.3 STREET ADDRESS	<b>2304 Dartmouth Drive</b>
CITY-ST-ZIP	<b>EVANSVILLE IN</b>	6.4 CITY-ST-ZIP	<b>Janesville, WI 53545</b>

14. 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 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 required 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.

SIGNATURE: *[Signature]* **Jack A. Stone** **4/14/98** **(812)**  
**423-2045**

CR2E034 (10/97)