

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90049 050 \*\*\*150.00

U S U S U S



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 839900**

1. Entity Name  
**DIVERSIFIED ELECTRONICS, INC. LEESBURG FACILITY**

Principal Place of Business 1321 EDGAR ST. EVANSVILLE IN 47710	Mailing Address 1321 EDGAR ST. EVANSVILLE IN 47706-1140
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>35-1134990</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent  
**BURNSED, R D**  
**1100 MAIN ST**  
**STE 211**  
**LADY LAKE FL 32159**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDT STONE, JACK A 1400 OLD NAT'L BANK BLDG. EVANSVILLE IN 47708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WILLIAMS, KAREN 1321 EDGAR ST EVANSVILLE IN 47710 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORIAN, PAUL T 800 SUNSET EVANSVILLE IN 47713 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ERICKSON, JAMES R 1027 OAK HILL AVE JANESVILLE WI 53545 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KECK, DAVID M 1402 OLD NAT'L BANK BLDG EVANSVILLE IN 47708 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD STONE, DOROTHY W 1400 OLD NAT'L BANK BLDG. EVANSVILLE IN 47708 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Slaughter, Margaret 622 College Highway Evansville, IN 47714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Gould, Merle H. 5844 Staser Road Newburgh, IN 47630 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stone, Robert C. 3001 E. Bethel Lane Bloomington, IN 47408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stone, James P.O. Box 2511 11511 Cario, Egypt <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David M. Keck 1101 Brentwood Drive Evansville, IN 47715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Erickson, Andrew 2304 Dartmouth Drive Janesville, WI 53545 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Jack A. Stone **4/20/00** **(812)423-2045**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

839900

645301

LAW OFFICES OF

KECK & FOLZ

1402 OLD NATIONAL BANK BUILDING

P.O. BOX 3437

EVANSVILLE, INDIANA 47733-3437

TELEPHONE (812) 424-5558

FAX (812) 428-6617

FREDERICK R. FOLZ

ANDREW S. WARD\*

\*ALSO LICENSED IN ILLINOIS

DAVID M. KECK

(RETIRED 1997)

April 20, 2000

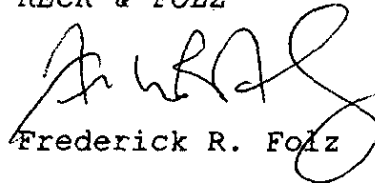
Division of Corporations  
409 East Gaines Street  
Tallahassee, Fl 32399

Dear Sir or Madam:

Herewith for filing is the Uniform Business Report for Diversified Electronics, Inc., together with payment of the \$150.00 filing fee. Thank you for processing this Report and payment.

Very truly yours,

KECK & FOLZ



Frederick R. Folz

Encl.