

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -4 PM 11:36

DOCUMENT # **853340** (8)

1. Corporation Name  
**MOLEX-ETC INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business  
**4650 82ND AVE N  
PINELLAS PARK FL 34865**

Mailing Address  
**4650 82ND AVE N  
PINELLAS PARK FL 34865**

3. Date Incorporated or Qualified  
**07/01/1982**

3a. Date of Last Report  
**04/01/1994**

4. FBI Number  
**36-3192511**

Applied For  
 Applied For  
 Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **FL**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>
NAME	<b>KREHBIEL, F A</b>
STREET ADDRESS	<b>2222 WELLINGTON CT</b>
CITY - ST - ZIP	<b>LISLE, IL 00000</b>
TITLE	<b>PD</b>
NAME	<b>PARKINSON, E. W.</b>
STREET ADDRESS	<b>4820 PARK BLVD</b>
CITY - ST - ZIP	<b>PINELLAS PARK, FL 00000</b>
TITLE	<b>VD</b>
NAME	<b>KREHBIEL, J H JR</b>
STREET ADDRESS	<b>2222 WELLINGTON CT</b>
CITY - ST - ZIP	<b>LISLE, IL 00000</b>
TITLE	<b>S</b>
NAME	<b>HECHT, L A</b>
STREET ADDRESS	<b>2222 WELLINGTON CT</b>
CITY - ST - ZIP	<b>LISLE, IL 00000</b>
TITLE	<b>T</b>
NAME	<b>OTTO, W G</b>
STREET ADDRESS	<b>4650 82ND AVE N</b>
CITY - ST - ZIP	<b>PINELLAS PARK FL</b>
TITLE	<b>VD</b>
NAME	<b>KREHBIEL, J H</b>
STREET ADDRESS	<b>2222 WELLINGTON CT</b>
CITY - ST - ZIP	<b>LISLE, IL 00000</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<b>ZIP=60532</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<b>ZIP=34665</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<b>ZIP=60532</b>
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<b>ZIP=60532</b>
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<b>ZIP=34665</b>
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	<b>"DELETE, REMOVE"</b>
64 CITY - ST - ZIP	<b>Person is deceased</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 from an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **1-29-95** (813) 521-2700 Ext 222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR