

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90365 032 \*\*\*150.00

**DOCUMENT # 853340**

1. Entity Name

**MOLEX-ETC. INC.**

Principal Place of Business

Mailing Address

4650 62ND AVE N  
 PINELLAS PARK FL 33781  
 US

4650 62ND AVE N  
 PINELLAS PARK FL 33781-5944  
 US

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

**36-3192511**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	KREHBIEL, F A	
STREET ADDRESS	2222 WELLINGTON CT	
CITY-ST-ZIP	LISLE, IL 00000	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHRISTEIN, D.K.	
STREET ADDRESS	2222 WELLINGTON COURT	
CITY-ST-ZIP	LISLE IL 60532	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KREHBIEL, J H JR	
STREET ADDRESS	2222 WELLINGTON CT	
CITY-ST-ZIP	LISLE, IL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	HECHT, L A	
STREET ADDRESS	2222 WELLINGTON CT	
CITY-ST-ZIP	LISLE, IL 00000	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	OTTO, W G	
STREET ADDRESS	4650 62ND AVE N	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL McCAMMACK	
STREET ADDRESS	4650 62ND AVE N.	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL McCAMMACK** 4/14/00 (727)521-2700

Date

Daytime Phone #

CR2E034 (9/99)