

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90011 047 \*\*\*158.78

**DOCUMENT # F00000004214**

1. Entity Name  
**SENSTAR-STELLAR, INC.**

Principal Place of Business <b>43184 OSGOOD ROAD          FREMONT CA 94539</b>	Mailing Address <b>43184 OSGOOD ROAD          FREMONT CA 94539</b>
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>77-0339783</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LAWLEY, KARL  
 7402 O'DELL LANE  
 PENSACOLA FL 32526**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>EVERSON JR, WILLIAM J</b> <b>200 BENTLEY SQUARE</b> <b>MOUNTAIN VIEW CA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SZCEPANSKI, JOHN</b> <b>50 RAMSHORN ROAD</b> <b>DUDLEY MA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HOULE, MICHEL</b> <b>11 STONEPATH CRESCENT</b> <b>STITTSVILLE ONTARIO CANADA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>EVEN-EZRA, JACOB</b> <b>17, ALTALEF STREET</b> <b>YAHUD INDUSTRIAL ZONE 56100</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, BRUCE F</b> <b>325 ORCHARD RIDGE ROAD</b> <b>KALISPELL MT</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: Michel Houle Date: Feb 20, 2001 Daytime Phone #: 613-839-5572  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)