

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000001779 (6)
 1. Corporation Name

OPEN DEVICENET VENDOR ASSOCIATION, INC.



Principal Place of Business: **8222 WILES ROAD, STE 287 CORAL SPRINGS FL 33067**
 Mailing Address: **8222 WILES ROAD, STE 287 CORAL SPRINGS FL 33067**

3. Date Incorporated or Qualified: **04/12/1995** 3a. Date of Last Report

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0569228	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

MOSS, WILLIAM H
8222 WILES ROAD, STE 287
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	CD	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOSBUSCH, KEITH <input type="checkbox"/> DELETE	1.2 NAME	Keith Nosbusch
STREET ADDRESS	747 ALPHA DRIVE	1.3 STREET ADDRESS	1 Allen Bradley Dr
CITY-ST-ZIP	HIGHLAND HEIGHTS OH	1.4 CITY-ST-ZIP	Mayfield Heights, OH 44124
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	David Adams Corporate Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOPKINS, GARY	2.2 NAME	David Adams
STREET ADDRESS	747 ALPHA DRIVE	2.3 STREET ADDRESS	4201 N 27th St
CITY-ST-ZIP	HIGHLAND HEIGHTS OH	2.4 CITY-ST-ZIP	Milwaukee WI 53216
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Corporate Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KROL, PETER F	3.2 NAME	James Krill
STREET ADDRESS	4201 NORTH 27TH STREET	3.3 STREET ADDRESS	One East Commerce Dr
CITY-ST-ZIP	MILWAUKEE WI	3.4 CITY-ST-ZIP	Schaumburg, IL 60173
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Corporate Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Charles Juda
STREET ADDRESS		4.3 STREET ADDRESS	5335 Avion Park Dr
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Highland Heights, OH 44143
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Corporate Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Toshi Ide
STREET ADDRESS		5.3 STREET ADDRESS	61 Kanda-Surugadai 4-chome
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Chiyoda-Ku, Tokyo, 101 Japan
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Executive Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	William H. Moss
STREET ADDRESS		6.3 STREET ADDRESS	8222 Wiles Rd - Suite 287
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Coral Springs, FL

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William H. Moss* **Executive Director** **17 Jun 96** **954-340-5412**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)