


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 33067-1900	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 04/12/1995		3a. Date of Last Report 06/20/1996	
4. FEI Number 65-0569228		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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 regulations of, Section 617.0503, Florida Statutes. SIGNATURE <i>William H. Moss</i> William H. Moss - Executive Director 26 March 97 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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOSBUSCH, KEITH	1.2 NAME	BIEGACKI, STEVE
STREET ADDRESS	A ALLEN BRADLEY DR	1.3 STREET ADDRESS	1 ALLEN BRADLEY DR
CITY-ST-ZIP	MAYFIELD HEIGHTS OH	1.4 CITY-ST-ZIP	MAYFIELD HEIGHTS, OH
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, DAVID	2.2 NAME	ADAMS, DAVID
STREET ADDRESS	4201 N 27TH STREET	2.3 STREET ADDRESS	4201 N 27TH ST
CITY-ST-ZIP	MILWAUKEE WI	2.4 CITY-ST-ZIP	MILWAUKEE, WI
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRILL, JAMES	3.2 NAME	
STREET ADDRESS	ONE EAST COMMERCE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDA, CHARLES	4.2 NAME	
STREET ADDRESS	5335 AVION PARK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND HEIGHTS OH	4.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IDE, JUSHI	5.2 NAME	
STREET ADDRESS	DANDA-SURUGADAI 4 CHOME	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHIYODA-KU TO	5.4 CITY-ST-ZIP	
TITLE	ED <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, WILLIAM H	6.2 NAME	
STREET ADDRESS	8222 WILES RD-SUITE 287	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	6.4 CITY-ST-ZIP	

14. I do 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 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 *William H. Moss*

SIGNATURE: *William H. Moss* **Executive Director** **26 March 97** **954-340-5412**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025600

CR2E037 (9/96)