

FILE NOW: FILING FEE IS \$61.25

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Feb 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000001779

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
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2. Principal Place of Business 21 20423 STATE ROAD 7 Suite, Apt. #, etc. 22 499 City & State 23 BOCA RATON, FL Zip 24 33498	Za. Mailing Address 26 20423 STATE ROAD 7 Suite, Apt. #, etc. 27 499 City & State 28 BOCA RATON, FL Zip 29 33498	3. Date Incorporated or Qualified 04/12/1995	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
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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	85 Zip Code
	20423 STATE ROAD 7	SUITE 499	BOCA RATON FL	33498

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: William H Moss Executive Director/Secretary 31 Jun 99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BIEGACKI, STEVE	
STREET ADDRESS	1 ALLEN BRADLEY DR	
CITY-ST-ZIP	MAYFIELD HEIGHTS OH	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ADAMS, DAVID	
STREET ADDRESS	4201 N 27TH STREET	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUTTIE, IAN	
STREET ADDRESS	50 NORTHLAND DR	
CITY-ST-ZIP	WATERLOO ON CANAD	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	JUDA, CHARLES	
STREET ADDRESS	5335 AVION PARK DRIVE	
CITY-ST-ZIP	HIGHLAND HEIGHTS OH	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SASO, ANDY	
STREET ADDRESS	DANDA-SURUGADAI 4 CHOME	
CITY-ST-ZIP	CHIYODA-KU TO	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	MOSS, WILLIAM H	
STREET ADDRESS	8222 WILES RD-SUITE 287	
CITY-ST-ZIP	CORAL SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mr Justice, Michael	
4.3 STREET ADDRESS	2506 WILSONIA AVE	
4.4 CITY-ST-ZIP	DOWNERS GROVE, IL 60515	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	ED, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: William H Moss **REQUIRED** 31 Jun 99 954-796-1640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)