

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001779

1. Entity Name

OPEN DEVICENET VENDOR ASSOCIATION, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90181 021 ****61.25

Principal Place of Business

Mailing Address

20423 STATE ROAD 7
#499
BOCA RATON FL 33498

20423 STATE ROAD 7
#499
BOCA RATON FL 33498-6797

2. Principal Place of Business PMB 499

3. Mailing Address PMB 499

20423 State Road 7

20423 State Road 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#F6

#F6

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Country

Zip

Country

33498

33498



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0569228

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOSS, WILLIAM H
20423 STATE ROAD 7
BOCA RATON FL 33498

Name

Street Address (P.O. Box Number is Not Acceptable)

20423 State Road 7

#F6

City

Boca Raton

FL

Zip Code

33498

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.

18 Feb 00

SIGNATURE

William H. Moss

William H. Moss, Secretary / Executive Director

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEES ARE \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BIEGACKI, STEVE	
STREET ADDRESS	1 ALLEN BRADLEY DR	
CITY-ST-ZIP	MAYFIELD HEIGHTS OH	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, DAVID	
STREET ADDRESS	4201 N 27TH STREET	
CITY-ST-ZIP	MILWAUKEE WI.	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUTTIE, IAN	
STREET ADDRESS	50 NORTHLAND DR	
CITY-ST-ZIP	WATERLOO ON CANAD	
TITLE	D	<input type="checkbox"/> Delete
NAME	JUSTICE, MICHAEL	
STREET ADDRESS	2506 WISCONSIN AVENUE	
CITY-ST-ZIP	DOWNERS GROVE IL 60515	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SASO, ANDY	
STREET ADDRESS	DANDA-SURUGADAI 4 CHOME	
CITY-ST-ZIP	CHIYODA-KU TO	
TITLE	EDS	<input type="checkbox"/> Delete
NAME	MOSS, WILLIAM H	
STREET ADDRESS	8222 WILES RD-SUITE 287	
CITY-ST-ZIP	CORAL SPRINGS FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DeLeon, Jack	
STREET ADDRESS	1 Allen Bradley Dr.	
CITY-ST-ZIP	Mayfield Hts, OH	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brickhouse, Brian	
STREET ADDRESS	173 Heatherdown	
CITY-ST-ZIP	Westerville, OH	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Baker, Greg	
STREET ADDRESS	50 Northland Drive	
CITY-ST-ZIP	Waterloo Ontario Canada	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sanematsu, Toshihiro	
STREET ADDRESS	6 Kanda-Surugadai 4-Chome	
CITY-ST-ZIP	Tokyo Japan	
TITLE	EDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moss, William H	
STREET ADDRESS	PMB 499, 20423 State Road 7, #F6	
CITY-ST-ZIP	Boca Raton, FL 33498	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

CR2E037 (9/99)