

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F95000001779

FILED  
Jul 19, 2002  
Secretary of State

Entity Name: OPEN DEVICENET VENDOR ASSOCIATION, INC.

## Current Principal Place of Business:

20423 STATE ROAD 7 PMB 499  
#F6  
BOCA RATON, FL 33498

## New Principal Place of Business:

## Current Mailing Address:

20423 STATE ROAD 7 PMB 499  
#F6  
BOCA RATON, FL 33498

## New Mailing Address:

FEI Number: 65-0569228

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOSS, WILLIAM H  
20423 STATE ROAD 7 PMB 499  
BOCA RATON, FL 33498

## Name and Address of New Registered Agent:

VOSS, KATHERINE R  
20423 STATE ROAD 7 PMB 499  
BOCA RATON, FL 33498

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: KATHERINE R VOSS

07/19/2002

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DELEON, JACK  
Address: 1 ALLEN BRADLEY DR  
City-St-Zip: MAYFIELD HEIGHTS, OH

Title: D ( ) Delete  
Name: MCGILL, JAMES  
Address: 1000 CHERRINGTON PKWY  
City-St-Zip: CORAOPOLIS, PA 151084312

Title: D ( ) Delete  
Name: JUSTICE, MICHAEL  
Address: 2506 WISCONSIN AVENUE  
City-St-Zip: DOWNERS GROVE, IL 60515

Title: DT ( ) Delete  
Name: QUEBBEMANN, DAVID  
Address: ONE EAST COMMERCE BLVD  
City-St-Zip: SCHAUMBURG, IL 60173

Title: S ( ) Delete  
Name: MOSS, WILLIAM H  
Address: PMB 499, 20423 STATEROAD 7, #F6  
City-St-Zip: BOCA RATON, FL 33498

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition  
Name: DELEON, JACK  
Address: 1 ALLEN BRADLEY DR  
City-St-Zip: MAYFIELD HEIGHTS, OH

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP (X) Change ( ) Addition  
Name: QUEBBEMANN, DAVID  
Address: ONE EAST COMMERCE BLVD  
City-St-Zip: SCHAUMBURG, IL 60173

Title: S (X) Change ( ) Addition  
Name: VOSS, KATHERINE R  
Address: PMB 499, 20423 STATE ROAD 7, #F6  
City-St-Zip: BOCA RATON, FL 33498

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE R VOSS

S

07/19/2002

Electronic Signature of Signing Officer or Director

Date