

DOCUMENT #

F95000005497

1. Entity Name

DOVATRON INTERNATIONAL, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
0273 Monarch Park Place, #200 Niwot CO 80503	

2. Principal Place of Business Same	3. Mailing Address 2090 Fortune Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State San Jose CA 95131	4. FEI Number 16-1318758	Applied For Not Applicable
Zip	Country	Zip 95131	Country

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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.

SIGNATURE *Deborah D. Skipper* Deborah D. Skipper Asst. Secretary 3-20-01

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent Signature Required when reappointing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President <input type="checkbox"/> Delete Michael McNamara 2090 Fortune Dr., San Jose CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Delete Thomas Smach 2090 Fortune Dr., San Jose CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Delete R.B. Dykes 2090 Fortune Dr., San Jose CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.F.O. <input type="checkbox"/> Delete Thomas J. Smach 2090 Fortune Dr., San Jose CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Finance <input type="checkbox"/> Delete Paul Read 2090 Fortune Dr., San Jose CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Controller, Asst. Secretary <input type="checkbox"/> Delete Chris Collier 2090 Fortune Dr., San Jose CA

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition Timothy Stewart 2090 Fortune Dr., San Jose CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition Laurette Slawson 2090 Fortune Dr., San Jose CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director of Tax <input type="checkbox"/> Change <input type="checkbox"/> Addition Peter Diaz 2090 Fortune Dr., San Jose CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500003912705--0 -03/27/01--01070--025 ****950.00 ****950.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>[Signature]</i>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 907, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Timothy L. Stewart* 2/27/01 (408)576-7746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #