

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State
 03-26-2002 90082 047 ***150.00

051515 AV

DOCUMENT # L73295
 1. Entity Name
BISON ELECTRONICS CORPORATION

Principal Place of Business 809 VERANDA PL CELEBRATION FL 34747 US	Mailing Address 809 VERANDA PL CELEBRATION FL 34747 US
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2. Principal Place of Business 294 Hidden Bay Drive Suite, Apt. #, etc. #201 City & State Osprey Florida Zip 34229 Country USA	3. Mailing Address 294 Hidden Bay Drive Suite, Apt. #, etc. #201 City & State Osprey Florida Zip 34229 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3071919	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KALCHBRENNER, DAVID A. 809 VERANDA PL CELEBRATION FL 34747	
7. Name and Address of New Registered Agent Name: KALCHBRENNER, DAVID A. Street Address (P.O. Box Number is Not Acceptable): 294 Hidden Bay Drive #201 City: Osprey FL Zip Code: 34229	

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 David A. Kalchbrenner David A. Kalchbrenner DATE 3-12-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT KALCHBRENNER, DAVID A. 809 VERANDA PL CELEBRATION FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT KALCHBRENNER, DAVID A. 294 Hidden Bay Drive #201 Osprey, FL 34229 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 607, 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: David A. Kalchbrenner 3-12-02 (941) 918-9124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/01/02 10:01 AM