

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P30062 (4)

1. Corporation Name
UNITHERM DIVISION, INC.



Principal Place of Business: **29982 IVY GLENN DRIVE LAGUNA NIGUEL CA 92677**
Mailing Address: **29982 IVY GLENN DRIVE LAGUNA NIGUEL CA 92677**

3. Date Incorporated or Qualified: **07/03/1990**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **95-1947155**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 27
City & State: 28
Zip: 24
Country: 25
Zip: 29
Country: 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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	C <input type="checkbox"/> DELETE
NAME	HAGAN, J. MICHAEL
STREET ADDRESS	29982 IVY GLENN DR
CITY-ST-ZIP	LAGUNA NIGUEL CA
TITLE	VS <input type="checkbox"/> DELETE
NAME	HOUESHELL, MONTY A.
STREET ADDRESS	29982 IVY GLENN DR
CITY-ST-ZIP	LAGUNA NIGUEL CA
TITLE	D <input type="checkbox"/> DELETE
NAME	CHURM, PETER
STREET ADDRESS	67 MONARCH BAY
CITY-ST-ZIP	SOUTH LAGUNA CA
TITLE	D <input type="checkbox"/> DELETE
NAME	CHASE, COCHRANE
STREET ADDRESS	2161 PAPAYA DRIVE
CITY-ST-ZIP	LA HABRA HEIGHTS CA
TITLE	D <input type="checkbox"/> DELETE
NAME	DEDAPPER, JAY
STREET ADDRESS	29982 IVY GLENN DRIVE
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677
TITLE	D <input type="checkbox"/> DELETE
NAME	CVENGROS, WILLIAM D
STREET ADDRESS	29982 IVY GLENN DRIVE
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/24/96** (714) 831-5350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)