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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name P30062

(4)

UNITHERM DIVISION, INC.

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29982	IVY	GLENN	DRIVE	

Mailing Address



Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Ci	29982 IVY GLENN DRIVE LAGUNA NIGUEL CA 92677			29982 IVY GLENN DRIVE LAGUNA NIGUEL CA 92677				
28								
Solite, Appl. 4, etc. Solite, Appl. 4, etc. Solit	2. Principal Pla	ce of Business	2a. Mailing Address			- I		Applied For
27	21					95-1947155		Not Applicable
28	Suite, Apt. #	f, etc.	 			5. Certificate of Status Desired	□ \$	
Part 128 29 30 Florida Statutes Vis No No No No No No No N	City & State 23							
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Biox Number is Not Acceptable) 83 Marie 84 City FL 85 Zip Code 11. Pursiant to the provisions of Sections 607 0502 and 607 1508, Florids Statutos, the above named corporation submits this statement for the purpose of changing its eqistered office or registered agent. To both, in the State of Fordia. Such change was authorized by the corporation submits this statement for the purpose of changing its eqistered office or registered agent. To both, in the State of Fordia. Such change was authorized by the corporation is board of decicies. I hardly accept the appointment as registered agent. I am familiar with, and accept the objectives of Section 607 0505, Rhode Statutos. SIGNATURE 11. Pursiant to the provisions of Sections 607 0502, Rhode Statutos, the above named corporation submits this statement for the purpose of changing its eqistered office or registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept agent agent as registered agent. I am familiar with, and accept agent agent agent as a part added agent. I am familiar with a corporation is accepted agent. I am familiar with, and accepted agent. I am familiar with a corporation is accepted agent. I am familiar with a corporation is accepted agent. I am familiar with a corporation of the corporation is accepted agent. I am familiar with a corporation is accepted agent. I am familiar	<u> </u>	<u>├</u> ─┐ '	⊢	Cou	intry	8. This corporation has liability for in	ntangible tax un	der s. 199.032,
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 88 88	24			30				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 83 84 Only FL 85 20 Code 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 agent, or both, in the State of Poridas. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Poridas. 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 Sections 607,0505. British Statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607,0505. British Statement for the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept agent agent, or both, in the State of Poridas. 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 agent agent, or both, in the State agent, or both, in the State agent agent, or both, in the State agent, or both, in		9. Name and Address of Currer	it Registered Agent		AZ	10. Name and Address of New R	egistered Ager	nt
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PLANTATION FL 33324 88					82 Street Add	ress (P.O. Box Number is Not Acceptable	e)	
Section Sect								
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Riorida Stelutos, the above named corporation submits this statement for the purpose of changing its registered agent. I em cregistered agent, or both, in the State of Fordias. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I em cregistered agent, or both, in the State of Fordias. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I em cregistered agent, or both, in the State of Fordias. Such changes was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I em cregistered agent, or both, in the State of Fordias. Such changes was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I em cregistered agent, or board of directors. I hereby accept the appointment as registered agent. I em cregistered agent. I em cregis	PLANIA	TION FL 33324			63			
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12.		Signature, typed or printed name of registered agent	and title if applicable (N	OTE: Registered	Apont signature regulre	id when reinstating)	DATE	
NAME HOUDESHELL, MONTY A. 22 MAME STREET ADDRESS 29982 IVY GLENN DR 23 STREET ADDRESS CITY-ST-ZIP LAGUNA NIGUEL CA 24 CITY-ST-ZIP TITLE D CHURM, PETER 31 TITLE CHURM CA 34 CITY-ST-ZIP SOUTH LAGUNA CA 34 CITY-ST-ZIP TITLE D D DELETE 41 TITLE CHARGE Addition NAME CHASE, COCHRANE 42 MAME STREET ADDRESS CITY-ST-ZIP LA HABRA HEIGHTS CA 44 CITY-ST-ZIP DELETE 51 TITLE D CHARGE Addition NAME DEDAPPER, JAY 52 MAME STREET ADDRESS 29982 IVY GLENN DRIVE 53 STREET ADDRESS CITY-ST-ZIP LAGUNA NIGUEL CA 92677 DELETE 61 TITLE D CHARGE Addition NAME DEDAPPERO, SIT STREET ADDRESS CITY-ST-ZIP LAGUNA NIGUEL CA 92677 DELETE 61 TITLE D CHARGE Addition STREET ADDRESS 29982 IVY GLENN DRIVE 63 STREET ADDRESS CITY-ST-ZIP LAGUNA NIGUEL CA 92677	12.	OFFICERS AN						ECTORS IN 12
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certify that the information indicated on this annual report is 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 fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block in it changed, or on an attachment with an address.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(714) 831.5350