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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P31735** (4)  
1. Corporation Name  
**CAPSTONE ELECTRONICS CORP.**

Principal Place of Business Mailing Address  
**25 HUB DRIVE MELVILLE NY 11747** **25 HUB DRIVE MELVILLE NY 11747**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 26  
22 27  
23 28  
24 25 29 30

3. Date Incorporated or Qualified **11/09/1990** 3a. Date of Last Report **04/20/1994**  
4. FEI Number **11-2995275** 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

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMAN, STEPHEN P.	1 2 NAME	
STREET ADDRESS	25 HUB DR	1 3 STREET ADDRESS	
CITY - ST - ZIP	MELVILLE NY	1 4 CITY - ST - ZIP	
TITLE	PD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAGAWA, WESLEY S.	2 2 NAME	
STREET ADDRESS	25 HUB DR	2 3 STREET ADDRESS	
CITY - ST - ZIP	MELVILLE NY	2 4 CITY - ST - ZIP	
TITLE	V	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALABRIA, MICHAEL J.	3 2 NAME	
STREET ADDRESS	25 HUB DR	3 3 STREET ADDRESS	
CITY - ST - ZIP	MELVILLE NY	3 4 CITY - ST - ZIP	
TITLE	VSTD	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATELL, ROBERT E	4 2 NAME	
STREET ADDRESS	25 HUB DRIVE	4 3 STREET ADDRESS	
CITY - ST - ZIP	MELVILLE NY	4 4 CITY - ST - ZIP	
TITLE	V	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, MICHAEL A.	5 2 NAME	
STREET ADDRESS	25 HUB DR	5 3 STREET ADDRESS	
CITY - ST - ZIP	MELVILLE NY	5 4 CITY - ST - ZIP	
TITLE	V	6 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEDLUND, LARRY W.	6 2 NAME	Vincent J. Ferri
STREET ADDRESS	25 HUB DR	6 3 STREET ADDRESS	25 Hub Drive
CITY - ST - ZIP	MELVILLE NY	6 4 CITY - ST - ZIP	Malville, NY 11747

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, changed, or on a new appointment with an address.

SIGNATURE: *Vincent J. Ferri* Vincent J. Ferri, Vice President (516)-391-1444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR