

2000 UNIFORM BUSINESS REPORT (UBR)

P35626

DOCUMENT # P35626

1. Entity Name
TELEDEX CORPORATION

Principal Place of Business: **6311 SAN IGNACIO AVE. SAN JOSE CA 95119**

Mailing Address: **6311 SAN IGNACIO AVE. SAN JOSE CA 95119-1202**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: _____

City & State: _____

Zip: _____ Country: _____

Zip: _____ Country: _____

FILED

00 JUL 24 PM 12:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **77-0109993** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**KEEGAN, JOSEPH K
2900 4TH STREET, UNIT A-201A
ST PETERSBURG FL 33703**

7. Name and Address of New Registered Agent
Name: **Dan Seale**
Street Address (P.O. Box Number is Not Acceptable): **2600 9th Street North Suite 300**
City: **St Petersburg** FL Zip Code: **33703**

8. The above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida.

SIGNATURE: **Dan Seale / President** (Signature: *Dan Seale*) DATE: **5 June 00**

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. **FILE NOW!!! FEE IS \$150.00** After MAY 1, 2000 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	CP LESNIAK, RONALD S. 6311 SAN IGNACIO AVE SAN JOSE CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERG, CARL 6311 SAN IGNACIO AVE SAN JOSE CA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600003226856--1 -04/27/00--01066--001 ****200-00-****150-00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV HILL, RICHARD F. 6311 SAN IGNACIO AVE SAN JOSE CA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANE, FRANK 6311 SAN IGNACIO AVE SAN JOSE CA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEEGAN, JOSEPH K. 6311 SAN IGNACIO AVE SAN JOSE CA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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)(j), 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: *[Signature]* Date: **3/28/00** Daytime Phone #: **(408) 363-3100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C-31034 (1/99)