SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 9:07

DOCUMENT # **J41506** **(3)**

1. Corporation Name
INTELLON CORPORATION

Principal Place of Business	Mailing Address
5100 W SILVER SPRINGS BLVD OCALA FL 32675 US	5100 W SILVER SPRINGS BLVD OCALA FL 32675 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1986
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: 34482 Country 25:
Zip 29: 34482 Country 30:

4. FEI Number: 59-2744155 ☐ 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

VANDER MEY, JAMES E.
5100 SILVER SPRINGS BOULEVARD
OCALA FL 34482

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	11 TITLE	CD	☒ Change ☐ Addition
NAME	VANDER MEY, JAMES E.	12 NAME		
STREET ADDRESS	9501 N.W. HWY. 326	13 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL.	14 CITY-ST-ZIP		
TITLE	VP	21 TITLE	DELETE	☒ Change ☐ Addition
NAME	VANDER MEY, TIMOTHY J.	22 NAME		
STREET ADDRESS	4047 SE 3RD ST	23 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	CORBETT, HARRY J.	32 NAME		
STREET ADDRESS	2918 SE 25TH TERR	33 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	DELETE	☒ Change ☐ Addition
NAME	VANDER MEY, DAVID A.	42 NAME		
STREET ADDRESS	15 OLD MILFORD ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	AMHERTS NH	44 CITY-ST-ZIP		
TITLE	VP	51 TITLE	DELETE	☒ Change ☐ Addition
NAME	DELANEY, JOSEPH F	52 NAME		
STREET ADDRESS	3828 NE 19TH ST CIR	53 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	54 CITY-ST-ZIP		
TITLE		61 TITLE	JA PD	☐ Change ☒ Addition
NAME		62 NAME	JAMES E DYKES	
STREET ADDRESS		63 STREET ADDRESS	13365 NE 226 AVENUE RD	
CITY-ST-ZIP		64 CITY-ST-ZIP	SALT SPRINGS, FL 32134	

CR2E034 (3/95)

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)(i), 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: James E. Dykes 6/8/95 904-237-7416
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES E DYKES

0100872 FP

J41506

INTELLON CORPORATION
1995 ANNUAL REPORT
FEI # 59-2744155

BLOCK 13. ADDITIONS TO OFFICERS AND DIRECTORS IN BLOCK 12

V
William Earnshaw
2355 52nd Terrace
Ocala, Florida 34471

V
Eric Buffkin
1745 Dormont Lane
Orlando, Florida 32804

V
John Teegen
13365 NE 226 Avenue Road
Salt Springs, Florida 32134

D
Charles E. Harris
1030 N. Orange Ave. Suite 300
Orlando, Florida 32801-1031

D
Robert. C. Ketterson
82 Devonshire Street, R25D
Boston, MA 02109-3614

D
William O'Meara
1778 McCarthy Blvd.
Milpitas, CA 95035

D
Walter J. Gill
4662 Alpine Road
Portola, Valley, CA 94028

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **J41507** **(1)**

1. Corporation Name

3252 CORP.

Principal Place of Business	Mailing Address
1212 HARDEE ROAD CORAL GABELS FL 33146	1212 HARDEE ROAD CORAL GABELS FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/03/1986**	3a. Date of Last Report: **06/14/1994**
4. FEI Number: **59-2741345**	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ANNINOS, NICK 1212 HARDEE ROAD CORAL GABLES FL 33146	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ECONOMIDES, CHRISTOPHER	12 NAME	
STREET ADDRESS	1666 MICONOPY AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	DEMBALA, GREGORY G.	22 NAME	
STREET ADDRESS	18 BARKERS POINT ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	SANDS POINT NY	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	ANNINOS, NICK	32 NAME	
STREET ADDRESS	1212 HARDEE RD.	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(i), 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: Nick Annunos 5/7/95 305-667-3905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0067375 CP