

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90126 035 ***150.00

DOCUMENT # J41506

1. Entity Name
INTELLON CORPORATION

Principal Place of Business
5100 W SILVER SPRINGS BLVD
OCALA FL 34482
US

Mailing Address
5100 W SILVER SPRINGS BLVD
OCALA FL 34482
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2744155**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SANDFORT, HORST G~~
5100 SILVER SPRINGS BOULEVARD
OCALA FL 34482

Name **Charles E. Harris**

Street Address (P.O. Box Number is Not Acceptable)

5100 Silver Springs Blvd

City **Ocala**

FL

Zip Code **34482**

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

SIGNATURE *Charles E. Harris*

PRESIDENT

4-18-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **(CD)** — see change in #10
 NAME **VANDER MEY, JAMES E.**
 STREET ADDRESS **9501 N.W. HWY. 326**
 CITY-ST-ZIP **OCALA FL**

TITLE **D/C/P**
 NAME **Charles E. Harris**
 STREET ADDRESS **5100 W. Silver Springs Blvd**
 CITY-ST-ZIP **Ocala, FL 34482**

TITLE **PD**
 NAME **SANDFORT, HORST G.**
 STREET ADDRESS **5100 W SILVER SPRINGS BLVD.**
 CITY-ST-ZIP **OCALA FL 34482**

TITLE **V**
 NAME **Caroline T. Davis**
 STREET ADDRESS **3390 SE 22nd Ave**
 CITY-ST-ZIP **Ocala, FL 34471**

TITLE **V**
 NAME **EARNshaw, WILLIAM**
 STREET ADDRESS **48 NE 56TH TERRACE**
 CITY-ST-ZIP **OCALA FL 34470**

TITLE **V**
 NAME **Lawrence W. Yonge III**
 STREET ADDRESS **8380 Juniper Rd**
 CITY-ST-ZIP **Ocala, FL 34480**

TITLE **V**
 NAME **BUFFKIN, ERIC**
 STREET ADDRESS **126 SW 134TH TERRACE**
 CITY-ST-ZIP **NEWBERRY FL 32669**

TITLE **D**
 NAME **James E. Vander Mey**
 STREET ADDRESS **9501 NW Hwy 326**
 CITY-ST-ZIP **Ocala, FL**

TITLE **V**
 NAME **CARR, BRYAN**
 STREET ADDRESS **4322 SW 105 DRIVE**
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **V**
 NAME **Christian Joly**
 STREET ADDRESS **1400 Gretel Lane**
 CITY-ST-ZIP **Mt. View, CA 94040**

TITLE **V**
 NAME **JOLY, CHRISTIAN**
 STREET ADDRESS **3820 PARK BLVD #22**
 CITY-ST-ZIP **PALO ALTO CA 94306**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Caroline T. Davis*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 352-237-7416
 Date Daytime Phone #

CR2E034 (9/01)

Attachment # J41506
795816

Additional Directors:

1. D
Michael E. Barker
5100 W. Silver Springs Blvd.
Ocala, FL 34482
2. D
Robert C. Ketterson, Jr.
5100 W. Silver Springs Blvd.
Ocala, FL 34482