2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

305550 **DOCUMENT #**

1. Entity Name

FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90096 023 ***150.00

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SPARTON ELECTRONICS FLORIDA, INC.					01-13-2003 90	JU96 U23 ****130	J.00
Principal Place of Business C/O RICHARD LANGLEY 2400 EAST GANSON STREET JACKSON MI 49202		Mailing Address C/O RICHARD LANGLEY 2400 EAST GANSON STREET JACKSON MI 49202			 	1 844 11841 11844 8484 8484	OKON BIAN IBBI
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 59-1151346 Applied For		<u> </u>
Zip Country		Zip	,		5. Certificate of Status Desired	\$8.75 Ac	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Reg		
		· · · · · · · · · · · · · · · · · · ·	Name				·
	PORATION SYSTEM PINE ISLAND ROAD		Street	Street Address (P.O. Box Number is Not Acceptable)			
PLANTAT	TION FL 33324					· · · · · · · · · · · · · · · · · · ·	<u> </u>
The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.				City FL Zip Code			
the obliga	ations of registered agent.	it the purpose of changing its r	egistered office (or registere	d agent, or both, in the State of Florida	 a. I am familiar with, 	and accept
SIGNATURE	Signature, typed or printed name of registered agent						
	signation, typed or printed frame or registered agent	and title if applicable. (NOTE:	Registered Agent signa	ature required w	vhen reinstating)	DATE	
	FILE NOW!!! FEE IS \$150.00			***************************************			
Make Chec	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	i			Election Campaign Finance Trust Fund Contribution.		May Be to Fees
10.	OFFICERS AND	DIRECTORS	11.	·	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	C IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOCKENBROCHT, DAVID W 2400 E. GANSON ST. JACKSON MI 49202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D	President/Director	₩ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, DOUGLAS E 2400 E. GANSON ST. JACKSON MI	☐ Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANGLEY, RICHARD L. 2400 EAST GANSON STREET JACKSON MI	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS (CITY-ST-ZIP	AS LANGLEY, RICHARD L. 2400 EAST GANSON STREET JACKSON MI	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
ITLE IAME STREET ADDRESS CITY-ST-ZIP	S APPEL, R. JAN 2400 EAST GANSON STREET JACKSON MI	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LERCZA	ecretary K, JOSEPH S AST GANSON STREET N MI	☐ Change	Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

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 changed, or on an attachment with an address, with all other like empowered. ke empowered.

SIGNATURE:

PRICHARD L. LANGLEY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIF

517-787-8600

Daytime Phone #