

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90128 042 \*\*\*158.75

**DOCUMENT # 518024**

1. Entity Name

**TECHDYNE, INC.**

Principal Place of Business

2230 W 77 ST.  
 HIALEAH FL 33016

Mailing Address

2337 W 76TH ST  
 HIALEAH FL 33016-1842  
 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

**59-1709103**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VERGA, JOSEPH**  
**2230 WEST 77TH STREET**  
**HALEAH FL 33016**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>D'AMORE ANTHONY C.</b> <b>777 TERRACE AVE., #517</b> <b>HASBROUCK HEIGHTS NJ</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>PARDON, BARRY</b> <b>2230 W. 77 ST.</b> <b>HIALEAH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD</b> <b>VERGA, JOSEPH</b> <b>2230 W. 77 ST.</b> <b>HIALEAH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>LANGBEIN, THOMAS K.</b> <b>777 TERRACE AVE., #517</b> <b>HASBROUCK HEIGHT NJ</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>OUZTS, DANIEL R.</b> <b>2337 W. 76 ST.</b> <b>HIALEAH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FISCHBEIN, PETER D.</b> <b>777 TERRACE AVE., #517</b> <b>HASBROUCK HEIGHTS NJ</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CROSSLEY, LYTTON</b> <b>1784 STANLEY AVE.</b> <b>DAYTON, OHIO 45404</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>WATTS, DAVID L.</b> <b>1784 STANLEY AVE.</b> <b>DAYTON, OHIO 45404</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D/CEO</b> <b>LANGBEIN, THOMAS K.</b> <b>777 TERRACE AVE., ROOM 517</b> <b>HASBROUCK HEIGHTS, NJ 07604</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DIAMOND, EDWARD</b> <b>380 TREADWELL STREET</b> <b>HAMDEN, CT 06514</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** *Daniel R. Ouzts* **REQUIRED** **Ouzts, VP/Finance January 10, 2000 (305)558-4000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)