FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 FEB 21 AM 9:04

DOCUMENT # 645390 (6)

1. Corporation Name
AMERICAN TECHNICAL CERAMICS (FLORIDA), INC.

Principal Place of Business	Mailing Address
2201 CORPORATE SQUARE BLVD. JACKSONVILLE FL 32216	2201 CORPORATE SQUARE BLVD. JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/16/1979
3a. Date of Last Report: 01/31/1994

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
Country — 25
Zip — 29
Country — 30

4. FEI Number: 11-2556070
☐ 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

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 required from new registered agent and the old registered agent. NOTE: Registered Agent's signature required when changing agent.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P/D ☒ Change ☐ Addition
NAME	INSETTA, VICTOR	12 NAME	Insetta, Victor
STREET ADDRESS	8444 SAN JOSE BLVD	13 STREET ADDRESS	8444 San Jose Blvd.
CITY-ST-ZIP	JACKSONVILLE, FL 00000	14 CITY-ST-ZIP	Jacksonville, FL 32-17
TITLE	V	21 TITLE	V/D ☐ Change ☒ Addition
NAME	MONSORNO, RICHARD V.	22 NAME	Spence, Chester E.
STREET ADDRESS	6954 REGINA ROAD	23 STREET ADDRESS	269 Windsor Place
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Brooklyn, NY 11218
TITLE	VS	31 TITLE	☐ Change ☐ Addition
NAME	KELLY, KATHLEEN M.	32 NAME	
STREET ADDRESS	60 RUTH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	SMITHTOWN, NY.	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: Kathleen M. Kelly 2/10/95 516-547-5710
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0017060 CP