# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 07, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# 687060

**Entity Name:** ANALOG MODULES, INC.

**Current Principal Place of Business:**

126 BAYWOOD AVE
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

126 BAYWOOD AVE
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number: 59-2074349** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRAWFORD, IAN D
126 BAYWOOD AVENUE
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

IAN D. CRAWFORD
126 BAYWOOD AVENUE
LONGWOOD, FL 32750 US

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: IAN D. CRAWFORD 02/07/2002
Electronic Signature of Registered Agent Date

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete
Name: MENDELSON, VICTOR
Address: 126 BAYWOOD AVE
City-St-Zip: LONGWOOD, FL 32750

Title: P ( ) Delete
Name: CRAWFORD, IAN D
Address: 126 BAYWOOD AVE
City-St-Zip: LONGWOOD, FL 32750

Title: EVP ( ) Delete
Name: HUDSON, WILLIAM
Address: 126 BAYWOOD AVE
City-St-Zip: LONGWOOD, FL 32750

Title: VPM ( ) Delete
Name: BOYSTON, KENNETH
Address: 126 BAYWOOD AVE
City-St-Zip: LONGWOOD, FL 32750

Title: VPE ( ) Delete
Name: SMITH, CHARLES
Address: 126 BAYWOOD AVE
City-St-Zip: LONGWOOD, FL 32750

Title: TD ( ) Delete
Name: IRWIN, THOMAS
Address: 3600 TAFT ST
City-St-Zip: HOLLYWOOD, FL 330214499

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IAN D. CRAWFORD P 02/07/2002
Electronic Signature of Signing Officer or Director Date