

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 04, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F00000000501**1. Entity Name  
**KERSHAW AUTOMATION, INC.**

Principal Place of Business 230 DOUGLAS ROAD  OLDSMAR FL 34677	Mailing Address 230 DOUGLAS ROAD  OLDSMAR FL 34677
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip Country

4. FEI Number  
**41-1959870**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD****PLANTATION FL 33324 US****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 \_\_\_\_\_ **09/04/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 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	D	<input type="checkbox"/> Delete
NAME	WARD DAVID	
STREET ADDRESS	7970 WALLACE ROAD	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	

TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS BRADLEY G	
STREET ADDRESS	7970 WALLACE ROAD	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	

TITLE	STD	<input type="checkbox"/> Delete
NAME	ROBBEL RAYMOND CIII	
STREET ADDRESS	7970 WALLACE ROAD	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	

TITLE	V	<input type="checkbox"/> Delete
NAME	CONRAD WAYNE E	
STREET ADDRESS	230 DOUGLAS ROAD	
CITY-ST-ZIP	OLDSMAR FL 34677	

TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	MCCLINTICK STEVEN R	
STREET ADDRESS	7970 WALLACE ROAD	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD DAVID	
STREET ADDRESS	7970 WALLACE ROAD	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBEL RAYMOND CIII	
STREET ADDRESS	7970 WALLACE ROAD	
CITY-ST-ZIP	EDEN PRAIRIE MN 55344	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Raymond C. Robbel III **ST** **09/04/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)