2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

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FILED Aug 11, 2003 8:00 am Secretary of State 08-11-2003 90287 039 ***550.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOVAR CONTROLS CORPORATION												
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NATIONAL CORPORATE RESEARCH, ITD., INC. 103 N. MERIDIAN STREET TALLAHASSEE FL 32301-0000 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. I am familiar with, and accept the choligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the choligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the choligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the choligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the choligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the choligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the choligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the choligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the choligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the choligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the choligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the choligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the choligators of Florida Department of State FILE NOW!!! FEE IS \$\$50.00 After September 10, 2003 Fee will be \$750.00 OFFICERS AND DIRECTORS II 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 BILE MAKE STREET ADDRESS OTH STATE A	Zip					ountry 5.			Certificate of Status Desired		8.75 A ee Requi	dditional red	
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103 N. MERIDIAN STREET TALLAHASSEE FL 32301-0000 City FL Zip Code 8. Tho above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fordsa. I am namiliar with, and accept the editipations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$50.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Fordsa Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. MAKE LECKIE, ROBERT B 1331 LAUREATE DRIVE SITERI ADDRESS OUT ST-2P SAN ANTONIO TX 78249 Debte TITLE NAME SITERI ADDRESS OUT ST-2P THE NAME SITERI ADDRESS OUT ST-2P TRUMBULL CT 06811 Debte TITLE NAME SITERI ADDRESS OUT ST-2P TRUMBULL CT 06811 Debte TITLE NAME SITERI ADDRESS OUT ST-2P TRUMBULL CT 06811 Debte TITLE NAME SITERI ADDRESS OUT ST-2P TRUMBULL CT 06811 Debte TITLE NAME SITERI ADDRESS OUT ST-2P TRUMBULL CT 06811 Debte TITLE NAME SITERI ADDRESS OUT ST-2P TRUMBULL CT 06811 Debte TITLE NAME SITERI ADDRESS OUT ST-2P TRUMBULL CT 06811 Debte TITLE NAME SITERI ADDRESS OUT ST-2P TRUMBULL CT 06811 Debte TITLE NAME SITERI ADDRESS OUT ST-2P TRUMBULL CT 06811 Debte TITLE NAME SITERI ADDRESS OUT ST-2P TRUMBULL CT 06811 Debte TITLE NAME SITERI ADDRESS OUT ST-2P TRUMBULL CT 06811 Debte TITLE NAME SITERI ADDRESS OUT ST-2P TRUMBULL CT 06811 Debte TITLE NAME SITERI ADDRESS OUT ST-2P TRUMBULL CT 06811 Debte TITLE NAME SITERI ADDRESS OUT ST-2P TRUMBULL CT 06811 Debte TITLE NAME SITERI ADDRESS OUT ST-2P TRUMBULL CT 06811 Debte TITLE NAME SITERI ADDRESS OUT ST-2P TRUMBULL CT 06811 Debte TITLE NAME SITERI ADDRESS OUT ST-2P TRUMBULL CT 06811 TRUMBULL CT 06811 Debte TITLE NAME SITERI ADDRESS OUT ST-2P TRUMBULL CT 06811 STERI ADDRESS OUT ST-2P TRUMBULL CT 068	WATERWAY CONCOUNTS OFFICE AND					Name							1
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12. Thereby certify that the information supplied with this filling 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 in this good accurate and the many indicated on this report or supplemental report in this good accurate and the many indicated on this report or supplemental report in this good accurate and the many indicated on this report or supplemental report in this good accurate and the many indicated on this report or supplemental report in this good accurate and the many indicated on this report or supplemental report in this good accurate and the many indicated on this report or supplemental report in this good accurate and the many indicated on this report or supplemental report in this good accurate and the many indicated on this report or supplemental report in this good accurate and the many indicated on this report or supplemental report in this good accurate and the many indicated on this report or supplemental report in this good accurate and the many indicated on the supplemental report in this good accurate and the supplemental report in the supplement		i certify that the information supplied with	this filing	does not qualify for	<u> </u>		ed in Sec	tion 1	19.07(3)(i), Florida Statutes.	I further certi	v that the	information	1

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/03

Date

(330)670-1010%

Daytime Phone #