2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000006006

1. Entity Name
UNIDEN AMERICA CORPORATION

Principal Place of Business	Mailing Address
4700 AMON CARTER BLVD. FORT WORTH, TX 76155	4700 AMON CARTER BLVD. FORT WORTH, TX 76155

02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2730438

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	SILVERBERG, A
STREET ADDRESS	4700 AMON CARTER BLVD.
CITY-ST-ZIP	FORT WORTH, TX 76155
TITLE	DCP
NAME	OMORI, S
STREET ADDRESS	4700 AMON CARTER BLVD.
CITY-ST-ZIP	FORT WORTH, TX 76155
TITLE	V
NAME	HAYASAKI, E
STREET ADDRESS	4700 AMON CARTER BLVD.
CITY-ST-ZIP	FORT WORTH, TX 76155
TITLE	S
NAME	KLINE, G
STREET ADDRESS	4700 AMON CARTER BLVD.
CITY-ST-ZIP	FORT WORTH, TX 76155
TITLE	T
NAME	MCWILLIAMS, D
STREET ADDRESS	4700 AMON CARTER BLVD.
CITY-ST-ZIP	FORT WORTH, TX 76155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000069675
03/01/04-80020-004 150.00

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SELY 2.17.04 8178683300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #