2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90263 006 ***150.00

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1. Entity Name
UNIDEN AMERICA CORPORATION

14009995

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

04272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCP SILVERBERG, A 4700 AMON CARTER BLVD. FORT WORTH, TX 76155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Fujimoto, H 2-12-7, Hatchobori, Chuo-Ku Tokyo, Japan 104-8512	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCP OMORI, S 4700 AMON CARTER BLVD. FORT WORTH, TX 76155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Kline, G 4700 Amon Carter Blvd. Fort Worth, TX 76155	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HAYASAKI, E 4700 AMON CARTER BLVD. FORT WORTH, TX 76155	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT McWilliams, D 4700 Amon Carter Blvd. Fort Worth, TX 76155	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KLINE, G 4700 AMON CARTER BLVD. FORT WORTH, TX 76155	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Asst. T Yamashita, H 4700 Amon Carter Blvd. Fort Worth, TX 76155	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCWILLIAMS, D 4700 AMON CARTER BLVD. FORT WORTH, TX 76155	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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, all other like empowered.

SIGNATURE: _____ SECRETARY 4.27.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #