

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90006 034 ***150.00

DOCUMENT # F03000006006 1. Entity Name UNIDEN AMERICA CORPORATION							
Principal Place of Business 4700 AMON CARTER BLVD. FORT WORTH, TX 76155			Mailing Address 4700 AMON CARTER BLVD. FORT WORTH, TX 76155				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State Zip Country		City & State Zip Country		4. FEI Number 75-2730438 Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01142008 Chg-P CR2E034 (12/06)			
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, 2008 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	DP TOSI, R 4700 AMON CARTER BLVD. FORT WORTH, TX 76155	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Morris, B. 4700 Amon Carter Blvd. Fort Worth, TX 76155	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP HAYASAKI, E 4700 AMON CARTER BLVD. FORT WORTH, TX 76155	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP Taniguchi, K. 4700 Amon Carter Blvd. Fort Worth, TX 76155	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS KLINE, G 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	DT 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	DAT YAMASHITA, H. 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 exemptions contained in Chapter 119, 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: Gary A. Kline <i>[Signature]</i> 2/1/08 817-858-3490 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							