

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000001044 (8)

1. Corporation Name

RESOURCE ELECTRONICS INC.



Principal Place of Business

Mailing Address

ATTN: TAX DEPARTMENT
P.O. BOX 152170
IRVING TX 75015

ATTN: TAX DEPARTMENT
P.O. BOX 152170
IRVING TX 75015

3. Date Incorporated or Qualified

12/31/1992

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

75-2295099

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEVY, IRVIN L	
STREET ADDRESS	2727 CHEMSEARCH BLVD.	
CITY - ST - ZIP	IRVING TX 75062	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LEVY, LESTER A	
STREET ADDRESS	2727 CHEMSEARCH BLVD.	
CITY - ST - ZIP	IRVING TX 75062	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	CLEVELAND, JOSEPH H	
STREET ADDRESS	2727 CHEMSEARCH BLVD.	
CITY - ST - ZIP	IRVING TX 75062	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LEVY, MILTON P JR.	
STREET ADDRESS	2727 CHEMSEARCH BLVD.	
CITY - ST - ZIP	IRVING TX 75062	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HETZER, TOM	
STREET ADDRESS	2727 CHEMSEARCH BLVD.	
CITY - ST - ZIP	IRVING TX	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCOTT, RON	
STREET ADDRESS	2727 CHEMSEARCH BLVD.	
CITY - ST - ZIP	IRVING TX	

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joe Cleveland

Joe Cleveland

4-22-96

214-438-0256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)