## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # F9300002909 Sep 18, 2000 8:00 am 1. Entity Name Secretary of State VISHAY SPRAGUE PALM BEACH, INC. 09-18-2000 90025 017 \*\*\*550.00 Principal Place of Business Mailing Address 5900 AUSTRALIAN AVE LOWER MAIN ST WEST PALM BEACH FL 33407 PO BOX 231 SANFORD ME 04073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0418233 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 Addition TITLE ☐ Delete NAME ZANDMAN, FELIX STREET ADDRESS STREET ADDRESS **63 LINCOLN HIGHWAY** CITY-ST-ZIP CITY-ST-ZIP MALVERN PA 19355 ☐ Change Addition ☐ Delete TITLE TITLE SPIRES, WILLIAM J NAME NAME STREET ADDRESS STREET ADORESS 63 LINCOLN HIGHWAY CITY-ST-ZIP CITY-ST-ZIP MALVERN PA Addition TITLE AS ☐ Delete TITLE ☐ Change SEGALL, MARK B NÁME NAME STREET ADDRESS STREET ADDRESS 919 3RD AVE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10022** DVP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME EDEN, AVI D NAME STREET ADDRESS STREET ADDRESS **63 LINCOLN HIGHWAY** CITY-ST-ZIP CITY-ST-ZIP MALVERN PA 19355 DVPT ☐ Delete ☐ Change ☐ Addition TITLE GRUBB, RICHARD N STREET ADDRESS **63 LINCOLN HWY** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MALVERN PA 19355 Delete Change ☐ Addition HOLMBERG, JAMES J STREET ADDRESS STREET ADDRESS 2915 23RD STREET **COLUMBUS NE 68601** 13. 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 11 or Block 12 if

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other like empowered

changed, or on an attachment with an address, with all

SIGNATURE:

10-644-1300

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