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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # F93000005109 (4)

1. Corporation Name
Heurikon CORPORATION

Principal Place of Business
8310 Excelsior Dr.
MADISON, WI 53717

Mailing Address
C/o Computer Products, Inc.
7900 Glades Rd. #500
Boca Raton, FL 33434

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 11/12/93
3a. Date of Last Report: 3/8/96
4. FEI Number: 39-1715857 — 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

TITLE	CD ☐ DELETE
NAME	O'DONNELL, JOSEPH M
STREET ADDRESS	7900 GLADES RD, STE 500
CITY-ST-ZIP	BOCA RATON FL
TITLE	P ☐ DELETE
NAME	Aebli, Robert J.
STREET ADDRESS	8310 Excelsior Dr.
CITY-ST-ZIP	MADISON, WI 53717
TITLE	VSTD ☐ DELETE
NAME	THOMPSON, RICHARD J
STREET ADDRESS	7900 GLADES ROAD, STE 500
CITY-ST-ZIP	BOCA RATON FL
TITLE	AS ☐ DELETE
NAME	LIBOW, DAVID I
STREET ADDRESS	7900 GLADES ROAD, STE. 500
CITY-ST-ZIP	BOCA RATON FL
TITLE	AS ☐ DELETE
NAME	DITTMER, Bruce
STREET ADDRESS	8310 Excelsior Dr.
CITY-ST-ZIP	MADISON, WI 53717
TITLE	AS ☐ DELETE
NAME	Ollendorff, Stephen A.
STREET ADDRESS	100 Park Ave.
CITY-ST-ZIP	New York, NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☒ Change ☐ Addition — 3-6-97
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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***165.00

14. I do 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 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: David I. Libow, 2-25-97 - 561-451-1026

CR2E034 (9/96)