FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL 13 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # F93000005873 (5)

1. Corporation Name
LSI NORTH AMERICA SERVICE, INC.

Principal Place of Business	Mailing Address
25 NIMBLE HILL ROAD NEWINGTON NH 03801	25 NIMBLE HILL ROAD NEWINGTON NH 03801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/27/1993
3a. Date of Last Report: 10/05/1994

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

4. FEI Number: 02-0464596 ☐ 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

BURGESS, JOSEPH
10844 SOUTH WEST HAWKVIEW CIRCLE
STUART FL 34997

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	JACOBSON, JEFFERY O	1.2 NAME	
STREET ADDRESS	171 INDUSTRY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	BEBBINGTON, ANDREW C	2.2 NAME	
STREET ADDRESS	25 NIMBLE HILL RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWINGTON NH	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, WAYNE C	3.2 NAME	
STREET ADDRESS	25 NIMBLE HILL RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWINGTON NH	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☑ Change ☐ Addition
NAME	BALLANTYNE, RICHARD V	4.2 NAME	ST
STREET ADDRESS	25 NIMBLE HILL RD.	4.3 STREET ADDRESS	Thornton, Philip
CITY-ST-ZIP	NEWINGTON NH	4.4 CITY-ST-ZIP	25 Nimble Hill Road Newington, NH
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Delete

REMITTED BY MAY 1

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)(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: Wayne C. Campbell 4/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0473565 FP