

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2001 08:00 AM
Secretary of State

DOCUMENT # F94000002455

1. Entity Name
 B.C.E. TECHNOLOGIES, INC.

Principal Place of Business
 618 WARE BLVD.
 TAMPA FL 33618

Mailing Address
 618 WARE BLVD.
 TAMPA FL 33618

2. Principal Place of Business
 618 WARE BLVD.

3. Mailing Address
 618 WARE BLVD.

Suite, Apt. #, etc.

City & State
 TAMPA FL

Zip Country
 33619 US

4. FEI Number
59-2942163

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MALENCH TERRY L
 618 WARE BLVD
 TAMPA FL 33619 US

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.

SIGNATURE _____ DATE **01/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	D IGARASHI TAKESHI
STREET ADDRESS	618 WARE BLVD
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> Delete
NAME	D FRANKENBERG JAY
STREET ADDRESS	618 WARE BLVD
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> Delete
NAME	S R MICHAEL REED
STREET ADDRESS	301 GARDNER DR
CITY-ST-ZIP	NEW CENTURY KS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALENCH TERRY LVP	
STREET ADDRESS	618 WARE BLVD.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRICE SYBIL VP	
STREET ADDRESS	618 WARE BLVD.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEASLEY TEDDIS EVP	
STREET ADDRESS	618 WARE BLVD.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOTON THOMPSON JCEO	
STREET ADDRESS	618 WARE BLVD	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	PR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMAY JOHN DPRESIDE	
STREET ADDRESS	127 PUBLIC SQUARE , 28TH FLOOR	
CITY-ST-ZIP	CLEVELAND OH 441141306	
TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED R. MCFO	
STREET ADDRESS	15500 WEST 108TH ST.	
CITY-ST-ZIP	LENEXA KS 66219	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY L. MALENCH VP Date 01/25/2001 Daytime Phone #

CR2E034 (1/00)

**RICK WALKER - VP
618 WARE BLVD.**

TAMPA, FL 33619

**CHRIS WALKER - VP
618 WARE BLVD.**

TAMPA, FL 33619

**GLENN CALDERON VP
618 WARE BLVD.**

TAMPA, FL 33619

**PAT FLAHERTY - VP
3301 ENTERPRISE AVE.**

JOPLIN, MO 64801