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FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F95000001779 (6)

1. Corporation Name

OPEN DEVICENET VENDOR ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8222 WILES ROAD, STE 287
CORAL SPRINGS FL 33067

8222 WILES ROAD, STE 287
CORAL SPRINGS FL 33067

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

3. Name and Address of Current Registered Agent

MOSS, WILLIAM H
8222 WILES ROAD, STE 287
CORAL SPRINGS FL 33067

3. Date Incorporated or Qualified

04/12/1995

4. FEI Number

65-0569228

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

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 617.0502 and 617.1508, 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 617.0503, 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 D ☐ DELETE

NAME BIEGACKI, STEVE
STREET ADDRESS 1 ALLEN BRADLEY DR
CITY-ST-ZIP MAYFIELD HEIGHTS OH

TITLE PD ☐ DELETE

NAME ADAMS, DAVID
STREET ADDRESS 4201 N 27TH STREET
CITY-ST-ZIP MILWAUKEE WI

TITLE CD ☒ DELETE

NAME KRILL, JAMES
STREET ADDRESS ONE EAST COMMERCE DR
CITY-ST-ZIP SCHAUMBURG IL

TITLE CD ☐ DELETE

NAME JUDA, CHARLES
STREET ADDRESS 5335 AVION PARK DRIVE
CITY-ST-ZIP HIGHLAND HEIGHTS OH

TITLE CD ☐ DELETE

NAME IDE, JUSHI
STREET ADDRESS DANDA-SURUGADAI 4 CHOME
CITY-ST-ZIP CHIYODA-KU TO

TITLE ED ☐ DELETE

NAME MOSS, WILLIAM H
STREET ADDRESS 8222 WILES RD-SUITE 287
CITY-ST-ZIP CORAL SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William H. Moss William H. Moss 28 April 98 954-340-5212

CR2E037 (10/97)