

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002535

1. Entity Name

THE AMERICAN BOARD OF REGISTRATION OF ELECTROENC

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90120 040 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 916633
LONGWOOD FL 32791-6633

P.O. BOX 916633
LONGWOOD FL 32791-6633

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1607478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
FISCHER, GREGORY
STREET ADDRESS 1836 SOUTH AVE
CITY-ST-ZIP LACROSSE WI 54601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
WALBERT, JANICE
STREET ADDRESS 800 E. CARPENTER ST.
CITY-ST-ZIP SPRINGFIELD IL 62769

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME P
WIRCH, ADELE
STREET ADDRESS 1959 N.E. PACIFIC
CITY-ST-ZIP SEATTLE WA

TITLE ☐ Change ☒ Addition
NAME D
Judy Ahn-Ewing
STREET ADDRESS 2218 Maplewood
CITY-ST-ZIP Royal Oak, MI 48073

TITLE ☒ Delete
NAME S
APPENZELLER, BECKY
STREET ADDRESS 54579 NEWTON RD
CITY-ST-ZIP GENOA WI 54632

TITLE ☐ Change ☒ Addition
NAME S
Barbara Tetzlaff
STREET ADDRESS M120 Hwy. 97
CITY-ST-ZIP Marshfield, WI 54449

TITLE ☒ Delete
NAME T
WEBSTER, LINDA
STREET ADDRESS 50 N MEDICAL DR
CITY-ST-ZIP SALT LAKE CITY FL 84132

TITLE ☐ Change ☒ Addition
NAME T
Maggie Marsh-Nation
STREET ADDRESS 1926 Victory Avenue
CITY-ST-ZIP Wichita Falls, TX 76301

TITLE ☐ Delete
NAME D
ERWIN, ANDREA
STREET ADDRESS DUKE UNIVERSITY, TRENT DR.
CITY-ST-ZIP DURHAM NC

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3900 Dove Creek Rd.
CITY-ST-ZIP Durham, NC 27705

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JANICE WALBERT REGISTERED AGENT

1-18-2000 407-788-6308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)