2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with ag

SIGNATURE:

FILED Apr 27, 2000 8:00 am Secretary of State DOCUMENT # **F95000005495** 1. Entity Name TDC ELECTRONICS, INC. 04-27-2000 90052 037 ***150.00 Principal Place of Business Mailing Address 111 MINEOLA AVE 111 MINEOLA AVE ROSLYN HEIGHTS NY 11577-1261 ROSLYN HEIGHTS NY 11577 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-3014754 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired_ .Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NATIONAL CORPORATE RESEARCH, LTD., INC. Street Address (P.O. Box Number is Not Acceptable) 1406 HAYES ST #2 TALLAHASSEE FL 32301 ٠... 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition CO ☐ Delete TITLE TITLE NAME Jarjanette, Jean-Jacques NAME STREET ADDRESS STREET ADDRESS CS ROUTE, 8, AVENUE DU LER MAI CITY-ST-ZIP CITY-ST-ZIP 91124 PALAISEAU CEDEX FRANCE PRESIDENT Delete Addition ☐ Change TITLE TITLE OTT FRANCOIS THOMPSON, JOHN NAME NAME TOC INC III MINEOLA AVE STREET ADDRESS STREET ADDRESS TDC INC 111 MINEOLA AVE CITY-ST-ZIP CITY-ST-ZIP ROSLYN ROSLYN HEIGHTS NY ✓ ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MARSCHNER, EDWARD NAME STREET ADDRESS STREET ADDRESS ONE BROADWAY CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Change ☐ Addition Delete TITLE TITLE NAME Wuestefeld, Kris NAME STREET ADDRESS STREET ADDRESS TOC INC 111 MINEOLA AVE CITY-ST-ZIP CITY-ST-ZIP **ROSLYN HEIGHTS NY 11577** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ZEOLLA, JOSEPH STREET ADDRESS STREET ADDRESS TDC INC 111 MINEOLA AVE CITY-ST-ZIP CITY-ST-ZIP ROSLYN HEIGHTS NY ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

like empowered.