

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Jan 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **F96000000350 (6)**
1. Corporation Name
~~NOT MILELECTRIC CORPORATION~~
MASON ELECTRIC CO.



Principal Place of Business: **605 8TH STREET SAN FERNANDO CA 91340**
Mailing Address: **605 8TH STREET SAN FERNANDO CA 91340-1400**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/22/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 91-1720628		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code		FL	

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: **JAN OSSA, DIR. OF FINANCE** *[Signature]* DATE: **1-7-97**

Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SOUTHERN, WILLIAM E			1.2 NAME	WENDELL P. HURLBUT		
STREET ADDRESS	605 8TH STREET			1.3 STREET ADDRESS	10800 N.E. 8TH ST.		
CITY-ST-ZIP	SAN FERNANDO CA 91340			1.4 CITY-ST-ZIP	BELLEVUE, WA. 98004		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALLEN, TERRY P			2.2 NAME	ROBERT W. STEVENSON		
STREET ADDRESS	605 8TH STREET			2.3 STREET ADDRESS	10800 N.E. 8TH ST.		
CITY-ST-ZIP	SAN FERNANDO CA 91340			2.4 CITY-ST-ZIP	BELLEVUE, WA. 98004		
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GIORS, JOHN A			3.2 NAME	STEPHEN R. LARSON		
STREET ADDRESS	605 8TH STREET			3.3 STREET ADDRESS	10800 N.E. 8TH ST.		
CITY-ST-ZIP	SAN FERNANDO CA 91340			3.4 CITY-ST-ZIP	BELLEVUE, WA. 98004		
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GETZ, RUSSELL G			4.2 NAME	GOETZ, RUSSELL G.		
STREET ADDRESS	605 8TH STREET			4.3 STREET ADDRESS	605 8TH ST.		
CITY-ST-ZIP	SAN FERNANDO CA 91340			4.4 CITY-ST-ZIP	SAN FERNANDO, CA. 91340		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOUTHERN, WILLIAM E			5.2 NAME			
STREET ADDRESS	605 8TH STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	SAN FERNANDO CA 91340			5.4 CITY-ST-ZIP			
TITLE	DV	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNS, C R DR			6.2 NAME			
STREET ADDRESS	CHALLENGE CT/BARNETT WOOD LN/LEATHERHEAD			6.3 STREET ADDRESS			
CITY-ST-ZIP	SURREY, KT22 7LW ENGLAND			6.4 CITY-ST-ZIP			

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1-7-97** **(818) 361-3366**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)