

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

**FILED**

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

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

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



|  |   |
|--|---|
| Principal Place of Business<br><b>605 8TH STREET<br/>SAN FERNANDO CA 91340</b> | Mailing Address<br><b>605 8TH STREET<br/>SAN FERNANDO CA 91340-1400</b> |
|--|---|

|                                |                         |   |  |
|--------------------------------|-------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address     | 3. Date Incorporated or Qualified<br><b>01/22/1996</b>  | 3a. Date of Last Report                                |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. | 4. FEI Number<br><b>91-1720628</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 22. City & State               | 27. City & State        | 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 23. Zip                        | 28. Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 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<br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION FL 33324</b> |  | 10. Name and Address of New Registered Agent |                        |
| 81. Name   | 82. Street Address (P.O. Box Number is Not Acceptable) | 83.  | 84. City               |
|  |  |  | <b>FL</b> 85. Zip Code |

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]* **1-7-97**  
Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

| 12. OFFICERS AND DIRECTORS  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|---|--|
| TITLE<br><b>P</b>   | <input type="checkbox"/> DELETE            | 1.1 TITLE<br><b>D</b>                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>SOUTHERN, WILLIAM E</b>                                |  | 1.2 NAME<br><b>WENDELL P. HURLBUT</b>                 |  |
| STREET ADDRESS<br><b>605 8TH STREET</b>                           |  | 1.3 STREET ADDRESS<br><b>10800 N.E. 8TH ST.</b>       |  |
| CITY-ST-ZIP<br><b>SAN FERNANDO CA 91340</b>                       |  | 1.4 CITY-ST-ZIP<br><b>BELLEVUE, WA. 98004</b>         |  |
| TITLE<br><b>V</b>   | <input type="checkbox"/> DELETE            | 2.1 TITLE<br><b>D</b>                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>ALLEN, TERRY P</b>                                     |  | 2.2 NAME<br><b>ROBERT W. STEVENSON</b>                |  |
| STREET ADDRESS<br><b>605 8TH STREET</b>                           |  | 2.3 STREET ADDRESS<br><b>10800 N.E. 8TH ST.</b>       |  |
| CITY-ST-ZIP<br><b>SAN FERNANDO CA 91340</b>                       |  | 2.4 CITY-ST-ZIP<br><b>BELLEVUE, WA. 98004</b>         |  |
| TITLE<br><b>V</b>   | <input type="checkbox"/> DELETE            | 3.1 TITLE<br><b>D</b>                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>GIORS, JOHN A</b>                                      |  | 3.2 NAME<br><b>STEPHEN R. LARSON</b>                  |  |
| STREET ADDRESS<br><b>605 8TH STREET</b>                           |  | 3.3 STREET ADDRESS<br><b>10800 N.E. 8TH ST.</b>       |  |
| CITY-ST-ZIP<br><b>SAN FERNANDO CA 91340</b>                       |  | 3.4 CITY-ST-ZIP<br><b>BELLEVUE, WA. 98004</b>         |  |
| TITLE<br><b>V</b>   | <input type="checkbox"/> DELETE            | 4.1 TITLE<br><b>V</b>                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>GETZ, RUSSELL G</b>                                    |  | 4.2 NAME<br><b>GOETZ, RUSSELL G.</b>                  |  |
| STREET ADDRESS<br><b>605 8TH STREET</b>                           |  | 4.3 STREET ADDRESS<br><b>605 8TH ST.</b>              |  |
| CITY-ST-ZIP<br><b>SAN FERNANDO CA 91340</b>                       |  | 4.4 CITY-ST-ZIP<br><b>SAN FERNANDO, CA. 91340</b>     |  |
| TITLE<br><b>D</b>   | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>SOUTHERN, WILLIAM E</b>                                |  | 5.2 NAME  |  |
| STREET ADDRESS<br><b>605 8TH STREET</b>                           |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br><b>SAN FERNANDO CA 91340</b>                       |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE<br><b>DV</b>  | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br><b>BURNS, C R DR</b>                                      |  | 6.2 NAME  |  |
| STREET ADDRESS<br><b>CHALLENGE CT/BARNETT WOOD LN/LEATHERHEAD</b> |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br><b>SURREY, KT22 7LW ENGLAND</b>                    |  | 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]* **1-7-97 (818) 361-3366**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)