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FILED

Apr 15 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 # F96000004885 (7)

1. Corporation Name

COMPUTRON DISPLAY SYSTEMS, INC.

Principal Place of Business

3842 HOPKINS AVE  
TITUSVILLE FL 32780

Mailing Address

3842 HOPKINS AVE  
TITUSVILLE FL 32780-5753

3. Date Incorporated or Qualified

09/23/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

36-4021876

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TUCKER, ARTHUR  
3842 HOPKINS AVE  
TITUSVILLE FL 32780

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                       |                                 |
|-----------------|-----------------------|---------------------------------|
| TITLE           | PO                    | <input type="checkbox"/> DELETE |
| NAME            | FROELICH, RUSSELL E   |                                 |
| STREET ADDRESS  | 732 SANDPEBBLE DR     |                                 |
| CITY - ST - ZIP | SCHAUMBURG IL 60193   |                                 |
| TITLE           | D                     | <input type="checkbox"/> DELETE |
| NAME            | THOMAS, TOM           |                                 |
| STREET ADDRESS  | 9242 MARYLAND         |                                 |
| CITY - ST - ZIP | NILES IL 60214        |                                 |
| TITLE           | D                     | <input type="checkbox"/> DELETE |
| NAME            | PULLAPPALLY, JOE      |                                 |
| STREET ADDRESS  | 8123 OAK ST           |                                 |
| CITY - ST - ZIP | NILES IL 60714        |                                 |
| TITLE           | CCEO                  | <input type="checkbox"/> DELETE |
| NAME            | HATHI, KANAAYALAL J   |                                 |
| STREET ADDRESS  | 12 LOCHINVAR LANE     |                                 |
| CITY - ST - ZIP | OAK BROOK IL 60521    |                                 |
| TITLE           | S                     | <input type="checkbox"/> DELETE |
| NAME            | RAICHURA, JITENDRA M  |                                 |
| STREET ADDRESS  | 1318 S. FINLEY RD #14 |                                 |
| CITY - ST - ZIP | LOMBARD IL 60148      |                                 |
| TITLE           | AS                    | <input type="checkbox"/> DELETE |
| NAME            | MACKOWIAK, NANCY      |                                 |
| STREET ADDRESS  | 1107 PARKVIEW DR      |                                 |
| CITY - ST - ZIP | HANOVER PARK IL 60103 |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                         |   |
|---------------------|-------------------------|---|
| 1.1 TITLE           | DIRECTOR                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | DILIP SHAH              |   |
| 1.3 STREET ADDRESS  | 1508 MIDWEST CLUB       |   |
| 1.4 CITY - ST - ZIP | OAK BROOK, IL 60521     |   |
| 2.1 TITLE           | DIRECTOR                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | BHARAT NAKIL            |   |
| 2.3 STREET ADDRESS  | 380 N.W. #101 TERRACE   |   |
| 2.4 CITY - ST - ZIP | CAROL SPRING - FL 33071 |   |
| 3.1 TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                         |   |
| 3.3 STREET ADDRESS  |                         |   |
| 3.4 CITY - ST - ZIP |                         |   |
| 4.1 TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                         |   |
| 4.3 STREET ADDRESS  |                         |   |
| 4.4 CITY - ST - ZIP |                         |   |
| 5.1 TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                         |   |
| 5.3 STREET ADDRESS  |                         |   |
| 5.4 CITY - ST - ZIP |                         |   |
| 6.1 TITLE           |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                         |   |
| 6.3 STREET ADDRESS  |                         |   |
| 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 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0073542

CR2E034 (9/96)