

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**  
 02-26-2000 90083 022 \*\*\*158.75

**DOCUMENT # F97000001311**

1. Entity Name  
**XONTECH, INC.**

Principal Place of Business <b>0000 HAYVENHURST AVE VAN NUYS CA 91406</b>	Mailing Address <b>6862 HAYVENHURST AVE VAN NUYS CA 91406-4717</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip		4. FEI Number <b>95-3458703</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required					

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code			
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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	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P SCHULTZ, KENNETH W 15545 AQUA VERDE DR BEL AIRS CA 90077-1503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SCHULTZ, KENNETH W 15545 AQUA VERDE DR BEL AIR CA 90077-1503 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
EVP BURNS, SANDRA J 26009 TOURELLE PL VALENCIA CA 91355-1995 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/T/D BURNS, SANDRA J 26009 TOURELLE PL VALENCIA CA 91355-1995 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
ST SERVA, FRANK J 30106 LETICIA CT AGOURA HILLS CA 91301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRIEN, JOYCE V 9132 GRUNDY LANE CHATSWORTH CA 91311-6353 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/D FLETCHER, EDWARD T 1429 VIA ZUMAYA PALOS VERDES ESTATES CA 90274 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D GRISH, THEODORE A. 206 INVERNESS DRIVE LA CANADA CA 91011 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, LARRY 7317 BIRDVIEW AVENUE MALIBU CA 90265 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	2/18/2000	818 787-7380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (9/99)