

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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90001 003 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F97000005641**

1. Corporation Name

**ARTECON, INC.**



Principal Place of Business

Mailing Address

**6305 EL CAMINO REAL  
CARISBAD CA 92009-606  
US**

**PO BOX 9000  
CARISBAD CA 92018-000  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/27/1997**

4. FEI Number

**77-0324887**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc.

**26**  
Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23**  
Zip Country

**28**  
Zip Country

**24**  
Zip Country

**29**  
Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **C** ☐ DELETE

NAME **FITZGERALD, BRIAN D**  
STREET ADDRESS **ONE PICKWICK PLAZA, #310**  
CITY-ST-ZIP **GREENWICH CT 06830**

TITLE **COE** ☐ DELETE

NAME **LAMBERT, JAMES L**  
STREET ADDRESS **6305 EL CAMINO REAL**  
CITY-ST-ZIP **CARISBAD CA 92009**

TITLE **D** ☐ DELETE

NAME **PARK, CHONG SUP**  
STREET ADDRESS **3101 N. FIRST ST.**  
CITY-ST-ZIP **SAN JOSE CA 95134**

TITLE **S** ☐ DELETE

NAME **KAMMERSGARD, DONA**  
STREET ADDRESS **6305 EL CAMINO REAL**  
CITY-ST-ZIP **CARISBAD CA 92009**

TITLE **CFO** ☒ DELETE

NAME **HAILEMICHAEL, TESFAYE**  
STREET ADDRESS **6305 EL CAMINO REAL**  
CITY-ST-ZIP **CARISBAD CA 92009**

TITLE **D** ☐ DELETE

NAME **SAUEY, JASON**  
STREET ADDRESS **15981 VALPLAST ROAD**  
CITY-ST-ZIP **MIDDLEFIELD OH 44062**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

14. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**1/5/99**

**760-931-5500**

Date

Daytime Phone #

2448 15-70001-3  
F97000005641

Artecon, Inc.  
Continuation Sheet  
Document # F97000005641

Box 13 Additions

Directors

William J. Filip  
6305 El Camino Real  
Carlsbad, CA 92009

Norman R. Farquhar  
6305 El Camino Real  
Carlsbad, CA 92009

WR Sauey  
414 Broadway  
Baraboo, WI 53913