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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F98000000884

1. Corporation Name

SLC TECHNOLOGIES, INC.

						f 1881188 tila (brat (bil) Astri A	Alti Batte aane	*****	12111 0101 1001
Principal Place		Mailing Address	Mailing Address						
	ETON DRIVE	12345 S.W. LEVETON DRIVE							
TUALATIN OR 97062		TUALATIN OR 97062	TUALATIN OR 97062			DO NOT WRITE IN THIS SPACE			
from the first					-	3. Date Incorporated or Qualifect		7017102	
						02/13/1998	•		
a Data da el Di	leas of Dunings	2a. Mailing Address				4. FEI Number		Ap	plied For
	lace of Business	F-1 - 3				52-2272734 - 52 -1'	8335	No.	t Applicable
21 Suite Anti-	# ata	Suite, Apt. #, etc.			-+	02 2212104 0-4		\$8.75 A	
Suite, Apt.	#, etc.	— ⁻ ′ ′ ′				5. Certifcate of Status Desired		Fee Re	
City & State	^	City & State			-	6. Election Campaign Financing		\$5.00	May Re
- - '	-	28			ļ	Trust Fund Contribution		Added to	•
23 Zip	Country	Zip	Country	,		8. This corporation owes the cur	rrent vear In	tangible	
	25 29 30		า ์			Personal Property Tax.			
24		<u> </u>	<u> </u>			10. Name and Address of New	Registered	Agent	
Name and Address of Current Registered Agent				Name			-		
CORPORATION SERVICE COMPANY									
			82	2 Street Address (P.O. Box Number is Not Acceptable)					
	AHASSEE FL 32301-2525	en e	83	}					

			84	City			Tak 👸	₹~ 85 Zip C	Code
		1500 51 11 61 11	**	1		tion authorite this statement for th	oʻrumosoʻo	f changing its	registered
' office or r	to the provisions of Sections 607.0502 egistered agent; or both, in the State of	nt Fiorida. Such change was auth	ionzea by	the cord	oration's	s board of directors. I hereby acco	ept the appo	intment as re	gistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	a Statutes	i. '					
SIGNATURE		<u> </u>					DATE		
	Signature, typed or printed name of registered agent			nt signature	required wh	nen reinstating)		ND DIRECTO	DS IN 12
12.	OFFICERS AND	D DIRECTORS	13.			ADDITIONS/CHANGES TO O	FFICERS A	Change	Addition
TITLE	CD	□ beceie	1.1 TITLE						—
NAME	HAMLING, J L		1.2 NAME						
STREET ADDRESS	25 CENTURY BLVD., STE 305		1.3 STREE	TADORESS	S				
CITY-ST-ZIP	NASHVILLE TN		1.4 CITY+S	T-ZIP	 			Change	Addition
TITLE	PD	☐ DELETE	2.1 TITLE					Change	☐ Addiebii
NAME	BOYDA, K L		2.2 NAME						
STREET ADDRESS	12345 S.W. LEVETON DRIVE		2.3 STREE	TADORESS	S				
CITY-ST-ZIP	=TUALATIN:OR		12.14 CITY-1	ST-ZIP ~~	-				
TITLE	V	☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME	COOK, J C		3.2 NAME		l				
STREET ADDRESS	1500 MARKET ST		3.3 STREE	T ADDRESS	s				
CITY-ST-ZIP	PHILADELPHIA PA		3.4. CITY-	ST-ZIP					
TITLE	ST	☐ DELETE 4.1						☐ Change	☐ Addition
NAME	LOGAN, J R		4. 2 NAME						
STREET ADDRESS	ACAD TATE BUILD OF		4.3 STREE	TADDRESS	s				
CITY-ST-ZIP	HICKORY NC		4.4 CITY-5						
TITLE	D	☐ DELETE	5.1 TITLE		1			☐ Change	Addition
	DEDWIND ID C.C.	_	52 NAME						

PHILADELPHIA PA CITY-ST-ZIP 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. If changed, or attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

BERWIND JR. C G

1500 MARKET ST

PHILADELPHIA PA

1500 MARKET ST

KOSNIK, E F

DELETE

☐ Change

☐ Addition

FILED

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90205 031 ***150.00