

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90018 001 ***150.00

DOCUMENT # F98000006346

1. Entity Name

SOS TECHNOLOGIES OF DELAWARE, INC.

Principal Place of Business

Mailing Address

27070 MILES ROAD
 SUITE 100
 SOLON OH 44139

27070 MILES ROAD
 SUITE 100
 SOLON OH 44139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **38-3254779**

Applied For

Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AT	<input type="checkbox"/> Delete
NAME	GLAZER, NEIL	
STREET ADDRESS	27070 MILES ROAD, STE. 100	
CITY-ST-ZIP	SOLON OH 44139	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	LINDSETH, STEVEN W	
STREET ADDRESS	27070 MILES ROAD, STE. 100	
CITY-ST-ZIP	SOLON OH 44139	
TITLE	P	<input type="checkbox"/> Delete
NAME	THOMPSON, ROBERT	
STREET ADDRESS	27070 MILES ROAD, STE. 100	
CITY-ST-ZIP	SOLON OH 44139	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KALICK, A. MICHAEL	
STREET ADDRESS	5999 TOPANGA CANYON BLVD., STE. 1	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SCHNEEBERGER, R. LOUIS	
STREET ADDRESS	27070 MILES ROAD, STE. 100	
CITY-ST-ZIP	SOLON OH 44139	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	SKROBOLA, MARGARET L	
STREET ADDRESS	11800 BELDEN COURT	
CITY-ST-ZIP	LIVONIA MI 48150	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUKUTS, MICHAEL	
STREET ADDRESS	27070 MILES ROAD	
CITY-ST-ZIP	SOLON, OH 44139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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:

Neil T. Glazer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/01

Daytime Phone #

CR2E034 (10/00)