

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001889

1. Entity Name

MRI DEVICES CORPORATION

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90223 026 ***150.00

Principal Place of Business

N8 W22570 JOHNSON DRIVE, STE K
 WAUKESHA WI 53186

Mailing Address

N8 W22570 JOHNSON DRIVE, STE K
 WAUKESHA WI 53186

2. Principal Place of Business

3. Mailing Address

1515 PARAMOUNT DRIVE

1515 PARAMOUNT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

39-1683910

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUENSING, GEORGE R
 4445 SW 35TH TERRACE, STE 350
 GAINESVILLE FL 32608

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
 NAME SCHUBERT, THOMAS E
 STREET ADDRESS N8 W22520 JOHNSON DRIVE, STE K
 CITY-ST-ZIP WAUKESHA WI

TITLE
 NAME
 STREET ADDRESS 1515 PARAMOUNT DRIVE
 CITY-ST-ZIP 53186

TITLE VS
 NAME MOLYNEAUX, DAVID A
 STREET ADDRESS 4445 SW 35TH TERRACE, STE 350
 CITY-ST-ZIP GAINESVILLE FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP 32608

TITLE T
 NAME SCOTT, JAMES D
 STREET ADDRESS 4445 SW 35TH TERRACE, STE 350
 CITY-ST-ZIP GAINESVILLE FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP 32608

TITLE D
 NAME FITZSIMMONS, JEFFREY R
 STREET ADDRESS 4445 SW 35TH TERRACE, STE 350
 CITY-ST-ZIP GAINESVILLE FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP 32608

TITLE D
 NAME DUENSING, GEORGE R
 STREET ADDRESS 4445 SW 35TH TERRACE, STE 350
 CITY-ST-ZIP GAINESVILLE FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP 32608

TITLE D
 NAME DOBBERSTEIN, ROBERT J
 STREET ADDRESS N8 W22520 JOHNSON DRIVE, STE K
 CITY-ST-ZIP WAUKESHA WI

TITLE
 NAME
 STREET ADDRESS 1515 PARAMOUNT DRIVE
 CITY-ST-ZIP 53186

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/00

Date

Daytime Phone #

CR2E034 (5/00)

Attachment Doc#: F99000001889
A0074075



MRI Devices Corporation
Southeast Regional Office
4445 SW 35th Terrace Suite 350
Gainesville, FL 32608

Peter Kwiatek
Business Manager
Phone (352) 337-2765
Fax (352) 336-2648

August 21, 2000

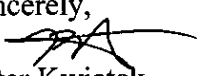
Florida Department of State
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302

To whom it may concern,

Enclosed please find our 2000 Uniform Business Report (Document #: F99000001889) with a check for \$150.00. We had not received a pre-printed version of this report until late July. Apparently, the address was incorrectly shown as 22570 and not 22520. In addition, we have moved to a new location this year, which caused an additional delay in obtaining your report. We are kindly requesting that you waive the late penalty for this report and ask that you correct your mailing records to the address shown on the report.

If you have any questions, please contact me at (352) 337-2765. Thank you.

Sincerely,


Peter Kwiatek
Business Manager
MRI Devices Corp.