## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 11, 2001 8:00 am Secretary of State DOCUMENT # F9900001898 1. Entity Name STRATOS LIGHTWAVE-FLORIDA INCORPORATED 04-11-2001 90080 047 \*\*\*150.00 Principal Place of Business Mailing Address 7444 W. WILSON AVE. 7444 W. WILSON AVE. CHICAGO IL 60656 CHICAGO IL 60656 2. Principal Place of Business 3. Mailing Address 450 TRELAND BLUD S.E. 1450 TRELAND ALVAS.E DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. & State BA Applied For 4. FEI Number City & State 36-4286903 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. - Addition ☐ Change TITLE ☐ Delete TITLE MCGINLEY, JAMES W NAME NAME Robert Scharf STREET ADDRESS 7444 W. WILSON AVE. STREET ADDRESS 1450 Treeland Blvd., SE CITY-ST-ZIP CITY-ST-ZIE CHICAGO IL 60656 Palm Bay, FL 32909-2211 Change TITLE ~ 🔯 Delete $VP_{i}$ NAME KUEHNAU, ROBERT J NAME Randal Lord STREET ADDRESS STREET ADDRESS 7444 W. WILSON AVE. 1450 Treeland Blvd., SE CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60656 Palm Bay, FL 32909-2211 ☐ Addition ☐ Change DS TITLE ☐ Delete TITLE NAME LIPINSKI, DAVID R NAME STREET ADDRESS STREET ADDRESS 7444 W. WILSON AVE. CITY-ST-ZIP CITY-ST-7IP CHICAGO IL 60656 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 appowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randal Lord

4/5/01

321-308-4100

Daytime Phone #