

**2000 UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90125 046 \*\*\*150.00

**DOCUMENT # G15697**

1. Entity Name

**MATTATUCK ELECTRONIC TECHNOLOGIES, INC.**

Principal Place of Business <b>ROUTE 3 MONTROSS VA 22520 US</b>		Mailing Address <b>4212 BRYWOOD DRIVE NAPLES FL 34119 US</b>		 B0007255 DO NOT WRITE IN THIS SPACE
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number <b>06-1097775</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>BOUTIN, GILBERT R. 4212 BRYWOOD DRIVE NAPLES FL 34119</b>		7. Name and Address of New Registered Agent		
		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		Zip Code <b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOUTIN, GILBERT R.</b>		NAME		
STREET ADDRESS	<b>4212 BRYWOOD DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES FL</b>		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOUTIN, LORETTA G.</b>		NAME		
STREET ADDRESS	<b>4212 BRYWOOD DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES FL</b>		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CACCIATORE, JOSEPH</b>		NAME		
STREET ADDRESS	<b>RTE 608</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAPPA HANNOCK VA</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** Gilbert R. Boutin **GILBERT R. BOUTIN** 1/25/2000 941-999-083  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #