

# 2001 UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # J65105</b>			
1. Entity Name <b>LAMBDA NOVATRONICS INC.</b>			
Principal Place of Business <b>2855 WEST MCNAB ROAD POMPANO BEACH FL 33069 US</b>		Mailing Address <b>2855 WEST MCNAB ROAD POMPANO BEACH FL 33069 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VM KOCH, PHILLIP</b> <input checked="" type="checkbox"/> Delete <b>1000 MACARTHUR MEMORIAL HWY</b> <b>BOHEMIA NY 11716</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PEDRICK, MICHAEL D</b> <input type="checkbox"/> Delete <b>101 LINDENWOOD DRIVE STE 125</b> <b>MALVERN PA 19355</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WEBSTER, STEPHEN</b> <input type="checkbox"/> Delete <b>101 LINDENWOOD DRIVE, STE 125</b> <b>MALVERN PA 19355</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST ORME, WALTER</b> <input type="checkbox"/> Delete <b>101 LINDENWOOD DRIVE, STE 125</b> <b>MALVERN PA 19355</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS TURNER, PATRICIA J</b> <input checked="" type="checkbox"/> Delete <b>735 POST ROAD EAST</b> <b>WESTPORT CT 06880</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VM SCHMIDT, GEORGE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1000 MACARTHUR MEMORIAL HWY</b> <b>BOHEMIA NY 11716</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400004603244-3</b> <b>-09/20/01--01089--013</b> <b>***550.00 ***550.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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** **9-5-01** **(631) 467-5500**

FILED  
01 SEP 14 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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