FILED

2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 26, 2002 8:00 am DOCUMENT # Secretary of State L73295 1. Entity Name 03-26-2002 90082 047 ***150.00 **BISON ELECTRONICS CORPORATION** Principal Place of Business Mailing Address 809 VERANDA PL **609 VERANDA PL CELEBRATION FL 34747 CELEBRATION FL 34747** US 2. Principal Place of Business 3. Mailing Address 294 Hidden Bar 294 Hidden Bay Drive DO NOT WRITE IN THIS SPACE #201 #201 Applied For City & State 4. FEI Number 59-3071919 Horida Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent Name and Address of New Registered Agent KALCHBRENNER, DAVID A. Number is Not Acceptable) ltidden Doive 809 VERANDA PL **CELEBRATION FL 34747** City ered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office or regis Kalchbrenned FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (10/0) TITLE Change Addition TITLE Delete NAME KALCHBRENNER, DAVID A NAME KALCHBRENNER, DAVID A. STREET ADDRESS STREET ADDRESS 294 Hidden Bay Drive # 201 809 VERANDA PL CITY-ST-ZIP CELEBRATION FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 5*0'د* NAME KALCHBRENNER, DAVID A. NAME KALCHBRENNER, DAVID A. STREET ADDRESS STREET ADDRESS 294 Hidden Bay Drive #201 809 VERANDA PL CITY-ST-ZIP CITY-ST-ZIP CELEBRATION FL Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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

3-12-02