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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N46450 (5)

1. Corporation Name  
NATIONAL DELPHI AUTOMATION TECHNOLOGY ADVISORY GROUP, INC.



Principal Place of Business: 1633 EAST VINE STREET, 206, KISSIMMEE FL 34744, US  
Mailing Address: 1633 EAST VINE STREET, 206, KISSIMMEE FL 34744-3705, US

3. Date Incorporated or Qualified: 12/12/1991  
3a. Date of Last Report: 03/26/1996  
4. FEI Number: 59-3096428  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, Suite, Apt. #, etc.: 22, City & State: 23, Zip: 24, Country: 25  
2a. Mailing Address: 26, Suite, Apt. #, etc.: 27, City & State: 28, Zip: 29, Country: 30

9. Name and Address of Current Registered Agent  
GINKEL, KATHERINE C.  
1633 EAST VINE STREET  
SUITE 206  
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: [Date]

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DOLBOW, KATHRYN J.	
STREET ADDRESS	3044 S MILITARY TRAIL	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ANDERSON, RAMONA	
STREET ADDRESS	335 TEEGARDEN ST	
CITY - ST - ZIP	YUBA CITY CA	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	NELSON, KENDALL	
STREET ADDRESS	448 S HWY 400 E	
CITY - ST - ZIP	SALT LAKE CITY UT	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	GINKEL, KATHERINE C	
STREET ADDRESS	5306 FOREST BREEZE COURT	
CITY - ST - ZIP	ST. CLOUD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FANNIN, SUZAN	
STREET ADDRESS	P O BOX 6745 N/A	
CITY - ST - ZIP	LUBBOCK TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TD ERIC ENIS
5.3 STREET ADDRESS	3005 DOUGLAS Ave
5.4 CITY - ST - ZIP	Toledo, OHIO 43606
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Katherine C Ginkel 3-15-97 407-932-0884  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 008988

CR2E037 (9/96)