

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90054 013 ***150.00

01/17/02 11:01 AM

DOCUMENT # P01000028850

1. Entity Name
CDE TECHNOLOGIES COMPANY

Principal Place of Business Mailing Address

7001 N. ATLANTIC AVE., SUITE 201 **7001 N. ATLANTIC AVE., SUITE 201**
CAPE CANAVERAL FL 32920 **CAPE CANAVERAL FL 32920**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3702403

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WASSERMAN, HERBERT M
415 AMHERST CIRCLE, EAST
SATELLITE BCH FL 32937

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RENGARAJAN, KANNAN	
STREET ADDRESS	219 CHERRIE DOWN LANE	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANNAN, RAMA	
STREET ADDRESS	219 CHERRIE DOWN LANE	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIZED, LUTFI M	
STREET ADDRESS	1150 ST. GEORGE RD.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input type="checkbox"/> Delete
NAME	WASSERMAN, HERBERT M	
STREET ADDRESS	415 AMHERST CIR., EAST	
CITY-ST-ZIP	SATELLITE BCH FL 32937	
TITLE	D	<input type="checkbox"/> Delete
NAME	WASSERMAN, MAXINE S	
STREET ADDRESS	415 AMHERST CIR., EAST	
CITY-ST-ZIP	SATELLITE BCH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIZED, PEGGY G.	
STREET ADDRESS	1150 ST. GEORGE RD.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Herbert M. Wasserman* **Vice President** **JAN. 7, 2002** **321-799-2970**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/01)