## 2002 Uniform Business Report (UBR)

## Apr 09, 2002 8:00 am Secretary of State DOCUMENT # P01000056778 1. Entity Name \_ 04-09-2002 90024 040 \*\*\*150.00 BARON ELECTRONIC SALES CO., INC. Principal Place of Business Mailing Address 13091 N.W. 43RD AVENUE C/O RICHARDSON ELECTRONICS. LTD. OPA LOCKA FL 33054 **POST OFFICE BOX 393** LA FOX IL 60134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 2096643 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change Addition TITLE ☐ Delete NAME NAME Gregory J. Peloquin STREET ADDRESS STREET ADDRESS 40W267 Keslinger Road CITY-ST-ZIP CITY-ST-ZIP La Fox, IL 60147 TITLE Delete TITLE Change ☐ Addition SD NAME NAME William G. Seils STREET ADDRESS STREET ADDRESS 40W267 Keslinger Road CITY-ST-ZIP CITY-ST-ZIF La Fox, IL 60147 ☐ Addition TITLE ☐ Delete ŤITÍ F ☐ Channe NAME NAME William J. Garry STREET ADDRESS STREET ADDRESS 40 W267 Keslinger Road CITY-ST-ZIP CITY-ST-ZIP La Fox, IL 60147 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE 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

SIGNATURE:

William G. Seils, TURE/AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

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

208-2370

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