## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 13, 2002 8:00 am § Secretary of State **DOCUMENT #** P01000069119 1. Entity Name 05-13-2002 90053 011 \*\*\*150.00 GENERAL ELECTRONICS (USA) CORP. Principal Place of Business Mailing Address 385 W FAIRBANKS AVE SUITE 200 385 W FAIRBANKS AVE SUITE 200 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For APPly for Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FONG, DAVID Street Address (P.O. Box Number is Not Acceptable) 1221 E ROBINSON STREET ORLANDO FL 32801 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Delete TITLE NAME Lin. Chun-Hsien NAME STREET ADDRESS 504 WINDING CREEK PL STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME CHEN LIN, SHIOW-JU NAME STREET ADDRESS **504 WINDING CREEK PL** STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32779 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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 ☐ Delete ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CHEN SHIOW - TU

Daytime Phone #