FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2004 8:00 am
Secretary of State
05-10-2004 90454 039 ***150.00

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DOCUMENT # P02000034414

1. Entity Name

XCEL SEMICONDUCTOR, INC.

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2. Principal Place of Business	3. Mailing Address
3259 PROGRESS DR.	3259 PROGRESS DR.
Suite, Apt. #, etc. RM 2-166	Suite, Apt. #, etc. RM 2-166
City & State ORLANDO, FL.	City & State ORLANDO, FL.
Zip 32826 Country USA	Zip 32826 Country USA

4. FEI Number 030415593 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name [redacted] J. THOMAS YESTREBSKY

Street Address (P.O. Box Number is Not Acceptable) 2642 RAMSEY DR.

[redacted]

City APOPKA FL Zip Code 32703

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. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT (P)
NAME	J. THOMAS YESTREBSKY
STREET ADDRESS	2642 RAMSEY DR
CITY-ST-ZIP	APOPKA FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: J. Thomas Yestrebsky 4/13/04 407-275-7447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #