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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P04150 1. Corporation Name

WESCHLER ELECTRIC, INC. Weschler Instruments

Division of Hughes Corp.

FILED Mar 10, 1999 8:00 am **Secretary of State**

03-10-1999 90134 044 ***150.00



Mailing Address Principal Place of Business 16900 FOLTZ PARKWAY 16900 FOLTZ PARKWAY STRONGSVILLE OH 44136 STRONGSVILLE OH 44136 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/27/1984 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 34-0966196 21 \$8.75 Additional Suite, Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State **Election Campaign Financing** \Box Added to Fees Trust Fund Contribution 28 23 Country Zip Country Zip This corporation owes the current year Intangible ΧNο Personal Property Tax. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 DORMAN, MIKE Street Address (P.O. Box Number is Not Acceptable) 4000 NW 21ST AVENUE CORAL SPRINGS FL 33065 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change Addition □ DELETE 1.1 TITLE TITLE **VTD** HUGHES, DAVID JR. 1.2 NAME NAME 1.3 STREET ADDRESS 16998 HUNTING MEADOWS DR STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP STRONGSVILLE OH ☐ Addition ☐ Change □ DELETE 2.1 TITLE TITLE 22 NAME HUGHES, DOUG NAME 2.3 STREET ADDRESS 14565 WINDSOR CASTLE STREET ADDRESS STRONGSVILLE OH 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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 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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

440-238-2550

CR2E034 (11/98