2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 07, 2009
Secretary of State

DOCUMENT# P05000079081

Entity Name: INTELLICON-DC CORPORATION

Current Principal Place of Business:

900 S.W. BROMELIA TERRACE
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

PO BOX 661
HOBE SOUND, FL 33475

New Mailing Address:

FEI Number: 35-2257430 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIEBER, MARY C
900 SW BROMELIA TERRACE
STUART, FL 34997 US

Name and Address of New Registered Agent:

LIEBER, JOHN M
900 SW BROMELIA TERRACE
STUART, FL 34997 US

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: JOHN M. LIEBER 12/07/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LIEBER, MARY C
Address: 900 SW BROMELIA TERRACE
City-St-Zip: STUART, FL 34997

Title: PD ( ) Delete
Name: LIEBER, JOHN M
Address: 900 SW BROMELIA TERRACE
City-St-Zip: STUART, FL 34997

Title: CEO ( ) Delete
Name: STEIN, ZBIGNIEW
Address: 9332 SANDY RUN
City-St-Zip: JUPITER FARMS, FL 33478

Title: ST ( ) Delete
Name: STEIN, EWA
Address: 9332 SANDY RUN
City-St-Zip: JUPITER FARMS, FL 33478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M. LIEBER PD 12/07/2009
Electronic Signature of Signing Officer or Director Date