SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P13990** **(7)**

1. Corporation Name
BTC ELECTRONIC COMPONENTS, INC.

Principal Place of Business	Mailing Address
PO BOX 643 139 WHITE OAK LANE OLD BRIDGE NJ 08857	PO BOX 643 139 WHITE OAK LANE OLD BRIDGE NJ 08857

2. Principal Place of Business	2a. Mailing Address
21 5809 DEPARTURE DRIVE	26 PO BOX 61159
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 RALEIGH, NC	City & State 28 RALEIGH, NC
Zip 24 27604 Country 25 USA	Zip 29 27661-1159 Country 30 USA

3. Date Incorporated or Qualified: 04/13/1987
3a. Date of Last Report: 04/25/1995
4. FEI Number: 22-2312892 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

QUEEN, PAMELA
1250 S. HARBOR CITY BLVD.
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name: DONNA JOYCE
82 Street Address (P.O. Box Number is Not Acceptable): 3229 TIMOTHY STREET
83
84 City: APOPKA FL 85 Zip Code: 32703

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: Donna M Joyce, MANAGER (Signature, typed or printed name of registered agent and title if applicable) Donna M Joyce (NOTE: Registered Agent's signature required where applicable.) DATE: 7/18/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	BARNETT, ROBERT	1.2 NAME	
STREET ADDRESS	14 DEBORAH DRIVE	1.3 STREET ADDRESS	~~9416 KOUPELA~~ 6732 GREYWALLS LANE
CITY-ST-ZIP	COLTS NECK NJ	1.4 CITY-ST-ZIP	RALEIGH, NC 27614
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

7/22/96 JC

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***225.00

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ROBERT BARNETT, PRESIDENT 6/27/96 919-878-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #