FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P15014** **(4)**

1. Corporation Name
UNIVERSAL CIRCUITS, INCORPORATED

Principal Place of Business	Mailing Address
W141 N9240 FOUNTAIN BLVD. MENOMONEE FALLS WI 53051	W141 N9240 FOUNTAIN BLVD. MENOMONEE FALLS WI 53051

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/29/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **39-1204015** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ESSER, RAYMOND
950 SUNSHINE LANE
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: **Michael R. Esser**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 **Michael R. Esser** *Michael R. Esser* **2/9/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	**Director**	☒ Change ☐ Addition
NAME	ESSER, RAYMOND	12 NAME		
STREET ADDRESS	950 SUNSHINE LANE	13 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	14 CITY-ST-ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	JEFFRIES, JACK	22 NAME		
STREET ADDRESS	W141 N9240 FOUNTAIN BLVD	23 STREET ADDRESS		
CITY-ST-ZIP	MENOMONEE FALLS WI	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	**President and Director**	☒ Change ☐ Addition
NAME	ESSER, MICHAEL	32 NAME		
STREET ADDRESS	W141 N9240 FOUNTAIN BLVD	33 STREET ADDRESS		
CITY-ST-ZIP	MENOMONEE FALLS WI	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	MICKIEWICZ, CARL	42 NAME		
STREET ADDRESS	W141 N9240 FOUNTAIN BLVD	43 STREET ADDRESS		
CITY-ST-ZIP	MENOMONEE FALLS WI	44 CITY-ST-ZIP		
TITLE		51 TITLE	**SEE ATTACHED**	☐ Change ☒ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME	**REMITTED BY MAY 1**	
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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 or the receiver or 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 is added in Block 13 with an address.

SIGNATURE: *Robert J. Simandl* Robert J. Simandl **2/9/95** **(414) 255-0802**
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date Daytime Phone #

0490124 FP