

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

55 MAY -1 AM 10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P15563** (0)
1. Corporation Name
MDC VACUUM PRODUCTS CORPORATION

Principal Place of Business: **23842 CABOT BLVD. HAYWARD CA 94545**
Mailing Address: **23842 CABOT BLVD. HAYWARD CA 94545**

3. Date Incorporated or Qualified: **08/12/1987** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **94-1624336** 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. The corporation has liability for intangible tax under § 100.030 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **DUNTON, ARTHUR R. 6460 PARKLAND DR SARASOTA FL 34243**

10. Name and Address of New Registered Agent:

81 Name: **DUNTON, DAVID**
82 Street Address (P.O. Box Number is Not Acceptable): **6460 PARKLAND DR**
83 _____
84 City: **SARASOTA FL** 85 Zip Code: **34243**

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: *David Dunton* **DAVID DUNTON** DATE: **5/1/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: DEL CASTELLO, MICHAEL STREET ADDRESS: 23842 CABOT BLVD. CITY - ST - ZIP: HAYWARD CA	1. TITLE: CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	NAME: CONTIN, JOSE STREET ADDRESS: 23842 CABOT BLVD. CITY - ST - ZIP: HAYWARD CA	2. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD	NAME: CHASE, CHARLES E. STREET ADDRESS: 101 LINCOLN CENTRE DRIVE CITY - ST - ZIP: FOSTER CITY CA	3. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	4. TITLE: PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	19. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	20. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(b), 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 or changed, or on an attachment with an address.

SIGNATURE: *Joe Brownell* **JOE BROWNELL** DATE: **4-26-95** TELEPHONE: **510-887-6100**