

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P15563 (0)

1. Corporation Name  
**MDC VACUUM PRODUCTS CORPORATION**



Principal Place of Business: ~~20842 CABOT BLVD. HAYWARD CA 94545~~  
**OK, NO CHANGE**

Mailing Address: 23842 CABOT BLVD. HAYWARD CA 94545

3. Date Incorporated or Qualified: 08/12/1987  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
~~DUNTON, DAVID~~  
8460 PARKLAND DR  
SARASOTA FL 34243

10. Name and Address of New Registered Agent  
81 Name: JOEL SMOLKA  
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 607.0509 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: *Joel H. Smolka* DATE: 5/22/96

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	DEL CASTELLO, MICHAEL	
STREET ADDRESS	23842 CABOT BLVD.	
CITY - ST - ZIP	HAYWARD CA	
TITLE	V	<input type="checkbox"/> DELETE <i>OK</i>
NAME	CONTIN, JOSE	
STREET ADDRESS	23842 CABOT BLVD.	
CITY - ST - ZIP	HAYWARD CA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHASE, CHARLES E.	
STREET ADDRESS	101 LINCOLN CENTRE DRIVE	
CITY - ST - ZIP	FOSTER CITY CA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWNELL, JOE	
STREET ADDRESS	23842 CABOT BLVD	
CITY - ST - ZIP	HAYWARD CA	
TITLE	D	<input type="checkbox"/> DELETE <i>OK</i>
NAME	WEISS, MIKE	
STREET ADDRESS	23842 CABOT BLVD	
CITY - ST - ZIP	HAYWARD CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 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 5-1-96 510-887-6100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Copyright © 1995

CR2E034 (12/95)